



BOARD ID # _____

NORTH CAROLINA WATER TREATMENT FACILITY OPERATORS CERTIFICATION BOARD
1635 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1635
PHONE (919) 707-9040 FAX (919) 715-2726

RECIPROCITY APPLICATION FOR OUT-OF-STATE CERTIFIED OPERATORS

APPLICATION MUST BE TYPED OR PRINTED AND MAILED TO THE ABOVE ADDRESS.

PLEASE INCLUDE WITH APPLICATION:

APPLICATION PROCESSING FEE IS \$50.00 (NON-REFUNDABLE) MADE PAYABLE TO:
NCWTFOCB.

**IF YOU ARE NOT A LEGAL RESIDENT OF NORTH CAROLINA, YOU MUST PROVIDE
PROOF OF IMPENDING EMPLOYMENT AS A WATER TREATMENT FACILITY OPERATOR IN
THE STATE OF NORTH CAROLINA.**

**IF YOU ARE EMPLOYED IN NORTH CAROLINA, YOU MUST ATTACH A LETTER
VERIFYING YOUR EMPLOYMENT.**

A COPY OF YOUR STATE'S CERTIFICATION CERTIFICATE AND ANY INFORMATION THAT
WILL HELP DETERMINE YOUR ELIGIBILITY. YOUR CERTIFICATION MUST BE **ACTIVE** AND
IN GOOD STANDING.

SOCIAL SECURITY # _____ (REQUIRED BY § 93B-14)

NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS _____ PHONE NO. _____

CITY STATE ZIP

EMAIL ADDRESS: _____

EMPLOYER : _____

EMPLOYER ADDRESS: _____ PHONE NO. (____) _____

CITY STATE ZIP

PREFERRED CONTACT METHOD: _____

EDUCATION: _____ YEAR GRADUATED: _____

WHICH DRINKING WATER CERTIFICATION ARE YOU SEEKING?: _____

This is to certify that I now hold a Grade or Class _____ Operator
Certification from the State of _____ and have had _____ years of water
treatment experience. STATE OF LEGAL RESIDENCE: _____.
Your certification must be active to qualify for application in the State of North Carolina.

RECORD OF PREVIOUS WATER TREATMENT EXPERIENCE

NAME OF TOWN OR UTILITY _____ PWS ID# _____
SIZE OF SYSTEM (MGD) _____ POPULATION SERVED _____ WATER SOURCE _____
SYSTEM CLASS _____ CONTACT PERSON _____ PHONE NO. _____
NATURE OF DUTIES (Describe in detail) DATES: FROM _____ TO _____

NAME OF TOWN OR UTILITY _____ PWS ID# _____
SIZE OF SYSTEM (MGD) _____ POPULATION SERVED _____ WATER SOURCE _____
CONTACT PERSON _____ PHONE NO. _____
NATURE OF DUTIES (Describe in detail) DATES: FROM _____ TO _____

NAME OF TOWN OR UTILITY _____ PWS ID# _____
SIZE OF SYSTEM (MGD) _____ POPULATION SERVED _____ WATER SOURCE _____
CONTACT PERSON _____ PHONE NO. _____
NATURE OF DUTIES (Describe in detail) DATES: FROM _____ TO _____

APPLICANT'S SIGNATURE _____ DATE _____