

## 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

## APPLICATION FOR OUT-OF-STATE CERTIFIED OPERATORS

- 1. APPLICATION MUST BE TYPED OR PRINTED AND MAILED TO:
  N. C. WATER TREATMENT FACILITY OPERATORS CERTIFICATION BOARD
  1635 MAIL SERVICE CENTER
  RALEIGH, NORTH CAROLINA 27699-1635.
- 2. APPLICATION PROCESSING FEE IS \$50.00 (NON-REFUNDABLE). TO VALIDATE THIS APPLICATION, THE FEE MUST BE INCLUDED. PLEASE MAKE CHECK PAYABLE TO: NCWTFOCB.
- 3. **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.
- 4. **IF YOU ARE EMPLOYED IN NORTH CAROLINA,** YOU MUST ATTACH A LETTER VERIFYING YOUR EMPLOYMENT.
- 5. PLEASE PROVIDE 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.

I HEREBY MAKE APPLICATION FOR A WATER TREATMENT FACILITY OPERATORS CERTIFICATION AND SUBMIT THE FOLLOWING INFORMATION:

SOCIAL SECURITY #		(REQUIRED BY § 93B-14)	
NAME:			
FIRST	MIDDLE	LAST	
EMPLOYER NAME:			
EMPLOYER ADDRESS:		PHONE NO.()	
CITY		STATE	ZIP
HOME ADDRESS		PHONE NO. ()	
CITY		STATE	ZIF
PREFERRED ADDRESS- HOME □ PREFERRED PHONE- HOME □			

This is to certify that I now hold a Grade or Certification from the State of treatment experience. STATE OF LEGAL RESIDING Your certification must be active to qualify for apple	and have had ENCE:	years of water			
RECORD OF PREVIOUS WATER TREATMENT EXPERIENCE					
NAME OF TOWN OR UTILITY		PWS ID#			
SIZE OF SYSTEM (MGD) POPULATION SER	VED	WATER SOURCE			
SYSTEM CLASSCONTACT PERSON		PHONE NO.			
NATURE OF DUTIES (Describe in detail) DATES: FRO	OM	TO			
NAME OF TOWN OR UTILITY		PWS ID#			
SIZE OF SYSTEM (MGD) POPULATION SER	VED	WATER SOURCE			
CONTACT PERSON	_ PHONE NO				
NATURE OF DUTIES (Describe in detail)	DATES: FROM	ТО			
NAME OF TOWN OR UTILITY		PWS ID#			
SIZE OF SYSTEM (MGD) POPULATION SER	VED	WATER SOURCE			
CONTACT PERSON	PHONE NO				
NATURE OF DUTIES (Describe in detail)	DATES: FROM	TO			
			<del></del>		

APPLICANT'S SIGNATURE\_\_\_\_\_\_DATE\_\_\_\_\_