

NC WPCSOCC Application of Reciprocity for Wastewater Operator Certification

All statements in this application are made under oath and are subject to investigation.
deq.nc.gov/opcert

Items Required with Signed & Notarized Application:

\$119 Non-Refundable Fee

Letter from past employer documenting employment dates/position/size of plant/duties and responsibilities.

Letter of good standing from your state certification/licensing agency, stating no disciplinary actions in past 5 years.

Copy of active certification that shows level of certification and certification date.

Copy of driver's license

List of professional schools and training completed

Which wastewater certification are you seeking?

Applicant's State of Certification (*must be active*):

Did you take an ABC Exam? YES (If NO, you'll need to take a NC exam.)
NO

First Name:

Social Security Number:

Middle Name:

Phone Number:

Last Name:

Email:

Mailing Address:

Education:

YEAR GRADUATED:

Current Employer:

Employer Name:

Employer Phone Number:

Dates of Employment:

Facility Type:

Immediate Supervisor Name:

Supervisor Phone Number:

SEND FORM TO: WPCSOCC, 1618 Mail Service Center, Raleigh, North Carolina 27699-1618

-----**WPCSOCC Staff Only**-----

Payee: _____

Amount: \$ _____

Postmark Date: ____ / ____ / ____

Approved

Denied

Check #: _____

Detailed Description of Previous Operational experience. - Attach additional sheets if needed

Dates	Employer/Immediate Supervisor Name, Address & Phone #	Summary of Duties/Responsibilities as an operator. What % is wastewater duties?

Notarized Oath:

I, the undersigned, do solemnly swear that I am the applicant; that all statements made, and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and I understand any omissions or misrepresentations may result in ineligibility for the reciprocity certification applied for or revocation of any certification granted. I do solemnly swear that I have read the [North Carolina Wastewater Operator Rules](#). I also consent to a thorough investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.

Signature of Applicant: _____

Subscribed and duly sworn to before me according to law, by the above-named applicant this ____ day of _____, 20____ at _____

County of _____

State of _____

Signature of Notary: _____

[SEAL]

My commission expires: _____