

Water and Wastewater Utility Operator Reciprocity Application

Applicant Contact Information					
First Name	Middle Initial	Last Name			
Address	City / Town		Province	Postal Code	
Phone	Email Addres	lress			
Employer / Facility Name			Facility Classification		
I am currently certified with another certification authority Yes No Certificate Number: Attach a copy of your valid certificate from that authority Have you ever had a Water or Wastewater Operator Certificate revoked or suspended in another jurisdiction? Yes No					
Applying for (check all that apply): Class Water Treatment Class Water Treatment Class Wastewater Treatment					
Application Fee					
 Enclose a \$175.00 cheque or money order <u>or</u> I authorize the Operator Certification Board to charge my credit card \$175.00 for this application: UISA MasterCard American Express Card Holder Name Address & Postal Code 					
Credit Card Number	E:	Expiry Date (month/year)			
Signature of Cardholder	Date	Email			

Authorization

I hereby certify with my signature that all information contained in this application is true and correct. I understand that any omissions or misrepresentations may result in ineligibility for the certification applied for or revocation of any certificate granted. I also consent to an investigation of my employment record and education background for the purpose of verifying my qualifications for the certificate for which I have applied.

Signature of Applicant

Date

Application Checklist

Ensure to fully complete each section. Incomplete applications and/or applications that do not have all the required documentation attached will not be processed.

Submit proof of certification from another authority

□ Submit application fee of \$175.00

Applicant has signed the application verifying all information is accurate