



**NORTH CAROLINA WATER TREATMENT FACILITY OPERATORS CERTIFICATION BOARD
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
1635 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1635
PHONE (919) 733-0379 FAX (919) 715-2726**

APPLICATION FOR OUT-OF-STATE CERTIFIED OPERATORS

INSTRUCTIONS:

1. APPLICATION MUST BE TYPED OR PRINTED IN INK OR BALLPOINT PEN, AND MAILED TO:
**CHAIRMAN, 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: NCWTFO CERTIFICATION BOARD.
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:

NAME: _____
LAST FIRST MIDDLE

EMPLOYER NAME: _____

BUSINESS ADDRESS: _____ TELEPHONE NO. (____) _____
CITY/STATE/ZIP

HOME ADDRESS _____ TELEPHONE NO. (____) _____
CITY/STATE/ZIP

AGE: _____ SEX: _____ SSN: _____ - _____ - _____ DATE _____

CIRCLE THE TYPE OF CERTIFICATION REQUESTED: Well Surface Distribution Cross-Connection

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 _____	SIZE OF SYSTEM (MGD) _____
ADDRESS _____	POPULATION SERVED _____
CITY/STATE/ZIP _____	
Contact Person _____	Phone No. _____
NATURE OF DUTIES (Describe in detail) _____	DATES: FROM _____ TO _____

NAME OF TOWN OR UTILITY _____	SIZE OF SYSTEM (MGD) _____
ADDRESS _____	POPULATION SERVED _____
CITY/STATE/ZIP _____	
Contact Person _____	Phone No. _____
NATURE OF DUTIES (Describe in detail) _____	DATES: FROM _____ TO _____

NAME OF TOWN OR UTILITY _____	SIZE OF SYSTEM (MGD) _____
ADDRESS _____	POPULATION SERVED _____
CITY/STATE/ZIP _____	
Contact Person _____	Phone No. _____
NATURE OF DUTIES (Describe in detail) _____	DATES: FROM _____ TO _____

COMMENTS: