

COMMONWEALTH OF KENTUCKY  
INFORMATION FOR BOARDS AND COMMISSIONS  
**Kentucky Board of Certification of Water Treatment and Distribution System Operators**

Return Completed Form To:  
Certification & Licensing Branch  
Division of Compliance Assistance  
300 Sower Blvd.  
Frankfort, KY 40601  
envhelp@ky.gov

Please indicate Boards/Commissions you wish to consider

**Please submit a current resume with the application**

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District	* Supreme Court District
Home Address	City	State	Zip	
Date of Birth		*Party Affiliation: Dem. Rep. Ind. (Underline one)	Race	
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number	
Email Address			Mobile Number	
Current Employer	Business Address			
Spouse's Name	Spouse's Employer			

**EDUCATION AND GENERAL QUALIFICATIONS:**

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

**By signing below, I understand the EEC Secretary's Office may conduct a complete check on my background and do hereby authorize such an investigation.**

REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

**\*Necessary for certain boards to comply with state law in regard to balance**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_