

|   |  |   |
|---|--|---|
| <b>Mail to:</b>   | Commonwealth of Kentucky<br>Department for Environmental Protection  | <i>For Official Use Only<br/>Do not write in this space</i> |
| Division of Compliance Assistance<br>Certification and Licensing Branch<br>Operator Certification Program<br>300 Sower Blvd.<br>Frankfort, KY 40601 | <b>Education and Experience<br/>Documentation Form</b>   |   |
|   | <i>Drinking Water Treatment, Distribution, Bottled Water,<br/>Wastewater Treatment and Collection System</i>           |   |
|   | Telephone 502-782-6189<br>Eec.ky.gov/Environmental-Protection/Compliance-<br>Assistance/operator-certification-program |   |

**If you are requesting to attend a certification school or to take an examination, you must complete this form as well as the Registration Form for Exams and Training.**

| APPLICANT INFORMATION       |                          |                              |  |
|-----------------------------|--------------------------|------------------------------|--|
| Name (First)                | (Middle Initial)         | (Last)                       | Agency Interest Number (as shown on wallet card) |
| Address (Number and Street) | City                     | State                        | Zip Code   |
| E-Mail Address              | Home Phone Number<br>( ) | Business Phone Number<br>( ) |  |

| CURRENT CERTIFICATIONS                                   |                    |                   |                 |
|--|--------------------|-------------------|-----------------|
| List all current water and/or wastewater certifications. |                    |                   |                 |
| Certification Type                                       | Certificate Number | Certificate Level | Expiration Date |
|  |                    |                   |                 |
|  |                    |                   |                 |
|  |                    |                   |                 |

| FACILITY INFORMATION  |        |  |                    |  |              |
|---|--------|--|--------------------|--|--------------|
| List all facilities where you currently work as an operator. Attach additional sheets as necessary. |        |  |                    |  |              |
| Facility Name   | County | KPDES, PWSID or Agency Interest Number | Start Date (MM/YY) | Design Capacity, Daily Flow of Facility or Population Served | Phone Number |
|   |        |  |                    |  |              |
|   |        |  |                    |  |              |

As a certified operator, have you ever been the subject of a disciplinary action? (Probation, suspension or license revocation)  
 No    Yes   If yes, please explain and identify the year and the state agency that implemented the action.

| EDUCATION AND TRAINING  |                                     |
|---|-------------------------------------|
| Circle the highest grade completed and fill in the appropriate blanks.  |                                     |
| High School or GED<br>9 10 11 12  | School Name                         |
| College - Undergraduate   | School Name      Degree and Major   |
| College - Graduate  | School Name      Degree and Program |
| Other training applicable to the certification requested. Provide the course name and content.<br>Attach documentation of completion and credit hours earned. |                                     |
| Course Name   | Content                             |
| Course Name   | Content                             |

**A COPY OF OFFICIAL EDUCATION TRANSCRIPTS OR RECORDS VERIFYING EDUCATION MUST ACCOMPANY THIS APPLICATION**  
(i.e. GED certificate, high school diploma, college transcripts or diploma)



**WORK EXPERIENCE**

List your current position first. List all the duties associated with each position, but be specific regarding your drinking water and/or wastewater operational duties. If your duties are split between several areas of responsibility, indicate the percentage of time spent working in each area. (Attach additional sheets if you need to list additional experience).

|  |  |                   |  |   |  |
|--|--|-------------------|--|---|--|
| Facility Name  |  | Job Title         |  | KPDES, PWSID or Agency Interest Number          |  |
| Design Capacity <input type="checkbox"/> MGD or <input type="checkbox"/> GPD |  | Population Served |  | Dates of Employment<br>Month Year to Month Year |  |
| Supervisor Name  |  |                   |  | Phone Number<br>( )                             |  |
| Detailed description of duties:  |  |                   |  |   |  |
|  |  |                   |  |   |  |
|  |  |                   |  |   |  |
| Facility Name  |  | Job Title         |  | KPDES, PWSID or Agency Interest Number          |  |
| Design Capacity <input type="checkbox"/> MGD or <input type="checkbox"/> GPD |  | Population Served |  | Dates of Employment<br>Month Year to Month Year |  |
| Supervisor Name  |  |                   |  | Phone Number<br>( )                             |  |
| Detailed description of duties:  |  |                   |  |   |  |
|  |  |                   |  |   |  |
|  |  |                   |  |   |  |
| Facility Name  |  | Job Title         |  | KPDES, PWSID or Agency Interest Number          |  |
| Design Capacity <input type="checkbox"/> MGD or <input type="checkbox"/> GPD |  | Population Served |  | Dates of Employment<br>Month Year to Month Year |  |
| Supervisor Name  |  |                   |  | Phone Number<br>( )                             |  |
| Detailed description of duties:  |  |                   |  |   |  |
|  |  |                   |  |   |  |
|  |  |                   |  |   |  |
| Facility Name  |  | Job Title         |  | KPDES, PWSID or Agency Interest Number          |  |
| Design Capacity <input type="checkbox"/> MGD or <input type="checkbox"/> GPD |  | Population Served |  | Dates of Employment<br>Month Year to Month Year |  |
| Supervisor Name  |  |                   |  | Phone Number<br>( )                             |  |
| Detailed description of duties:  |  |                   |  |   |  |
|  |  |                   |  |   |  |
|  |  |                   |  |   |  |
| Facility Name  |  | Job Title         |  | KPDES, PWSID or Agency Interest Number          |  |
| Design Capacity <input type="checkbox"/> MGD or <input type="checkbox"/> GPD |  | Population Served |  | Dates of Employment<br>Month Year to Month Year |  |
| Supervisor Name  |  |                   |  | Phone Number<br>( )                             |  |
| Detailed description of duties:  |  |                   |  |   |  |
|  |  |                   |  |   |  |
|  |  |                   |  |   |  |

**INFORMATION VERIFICATION**

All applications are subject to audit for verification of job duties and employment history.

*I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.991 and /or KRS 224.99-010.*

|                        |                       |      |
|------------------------|-----------------------|------|
| Print Applicant's Name | Applicant's Signature | Date |
|------------------------|-----------------------|------|

The Kentucky Energy and Environment Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, on request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternative format, contact the Division of Compliance Assistance, Operator Certification Program, 300 Sower Blvd., Frankfort, KY 40601 or call 502-782-6189.