DCA1100 May 2019

Mail to:

Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Sower Blvd. Frankfort, KY 40601 Commonwealth of Kentucky
Department for Environmental Protection

Education and Experience Documentation Form

Drinking Water Treatment, Distribution, Bottled Water, Wastewater Treatment and Collection System

Telephone 502-782-6189
Eec.ky.gov/Environmental-Protection/Compliance-Assistance/operator-certification-program

For Official Use Only Do not write in this space

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	ON								
Name (First)	(Middle Initial) (L			Agency In			terest Number (as shown on wallet card)		
Address (Number and Street)		City			State		Zip Code		
E-Mail Address	E-Mail Address Ho		Home Phone Number		Business Phone Number				
CURRENT CERTIFICATION List all current water and/or w		ertification	S.						
Certification Type		Certificate Number			Certificate Level		Ехрі	oiration Date	
FACILITY INFORMATION List all facilities where you currently work as an operator. Attach additional sheets as necessary.									
Facility Name	County		KPDES, PWSID of 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 9 10 11 12	School Name								
College - Undergraduate	School Nar	chool Name				Degree and Major			
College – Graduate	School Name			Degree and Program					
Other training applicable to the certification requested. Provide the course name and content. Attach documentation of completion and credit hours earned.									
Course Name Cont			Content						
Course Name Co				Content					



WORK EXPERIENCE List your current position first. List <u>all</u> the duties associated with each position, but be specific regarding your drinking water and/or										
wastewater operational dutie	es. If your dutie	es are sp	lit between several areas of resp	ponsib						
	h additional sh	eets if yo	ou need to list additional experied Job Title	nce).		KDDE	0 0000			
Facility Name	Facility Name			b Title			KPDES, PWSID or Agency Interest Number			
Design Capacity	MGD GPD	or	Population Served	Mon		Dates of	Employment to Month	Year		
Supervisor Name	7 01 0				ne Number	<u> </u>	to Month	roui		
Detailed description of duties:				()					
Facility Name			Job Title			KPDES, PWSID or Agency Interest Number				
Design Capacity	☐ MGD ☐ GPD	or	Population Served	Mont		Dates of	Employment to Month	Year		
Supervisor Name	7 01 0				ne Number	<u> </u>	to Month	i cai		
Detailed description of duties:)					
Facility Name			Job Title			KPDE:	S, PWSID or Ag er	ency Interest		
Design Capacity	MGD GPD	or	Population Served	Mont			Employment to Month	Year		
Supervisor Name				Phor (ne Number)					
Detailed description of duties:										
			T			T				
Facility Name	7.405		Job Title			Numbe		ency Interest		
Design Capacity] MGD] GPD	or	Population Served	Mont			Employment to Month	Year		
Supervisor Name				Phor (ne Number)					
Detailed description of duties:										
INFORMATION VERIFIC	ΔΤΙΩΝ									
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										
			ned herein is complete and correct. I KRS 223.991 and /or KRS 224.99-01		stana that s	upmissio	on of talse infort	nation can		
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.