MENTOR COMMITMENT LETTER
Application and Examination

Date

Certification and Licensing Branch
Operator Certification Program
300 Sower Blvd
Frankfort, KY 40601

I _____, do hereby acknowledge that I shall serve as a mentor and shall oversee the work of (applicant) as long as _____ (applicant) is in my direct responsible charge. I confirm that the applicant and I are located at the same facility.

I certify that I am not currently serving as a mentor for any other individual certified with an Operator-in-Training designation. I further attest that I am certified at a level that is equal to or greater than the certification level required to serve in primary responsible charge of this facility.

My certification and facility information are listed below.

Certification Type	Certificate Number	Certificate Level	Expiration Date	Facility Name	KPDES, PWSID, or Agency Interest Number	Phone Number

I certify that the data contained herein is complete and correct. I understand that submission of false information can result in disciplinary action as defined in 401 KAR 11:020 and 401 KAR 11:050.

Sincerely,

Name of Mentor
AI Number