

6. EXPERIENCE: (If your experience record is from more than two plants/systems please copy this portion of the application and submit as needed)

Plant or System: _____ NPDES / PWSID # _____

Address: _____

System Grade/Level: _____ Dates of Employment: From : _____ To: _____
(month and year) (month and year)

Total Months: _____ Full Time Part Time

Number of Hours Per Week: _____

Duties and Responsibilities: _____

(Attach additional sheet if needed.)

Plant or System: _____ NPDES / PWSID # _____

Address: _____

System Grade/Level: _____ Dates of Employment: From : _____ To: _____
(month and year) (month and year)

Total Months: _____ Full Time Part Time

Number of Hours Per Week: _____

Duties and Responsibilities: _____

(Attach additional sheet if needed.)

7. APPLICATION VERIFICATION:

I, the undersigned, do hereby affirm and swear, under oath, that I am the said applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certificate I may hold. Further, I understand that it is my responsibility to provide documentation upon request of any claims on this form and provide supplemental material to reflect any material change in circumstances which may affect my eligibility for certification.

Signature of Applicant: _____

Date signed: _____

****NOTICE****

Please be sure that you have completed this application in its entirety. An application must be accompanied by a nonrefundable certification fee (Checks or money orders only). See the current Fee Schedule for the correct fee amount. Faxed applications are not accepted. Information recorded on this form will be verified by contacting the certification authorities in the state where current certificate is held. Separate applications are required for dual water/wastewater certification. Mail application with appropriate fee to:

**Operator Certification Program
ADEM
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Visit our website at www.adem.state.al.us