



# APPRENTICE CERTIFICATION UPGRADE APPLICATION

Carefully and completely fill out the entire application. Incomplete applications will be denied. Application must be typed/printed in ink and checks made payable to:  
**NCWTFOCB or NC Water Treatment Facility Operators Certification Board**  
1635 Mail Service Center  
Raleigh, NC 27699-1635

Administrative processing fee for each upgrade is **\$50.00** and **non-refundable**.

UPGRADE Selection: (select ONE) All upgrades \$50 each

DATE OF APPRENTICE CERTIFICATION: \_\_\_\_\_

Applicant Name:  Mr.  Ms.

First Middle Initial Last (Jr. Sr. etc.)

Mailing Address

City State Zip

Apprentice ID # \_\_\_\_\_ (Required)

PREFERRED MAILING ADDRESS:  HOME ADDRESS  EMPLOYER ADDRESS  
PREFERRED CONTACT NUMBER:  HOME TELEPHONE  EMPLOYER TELEPHONE

Home Phone: (\_\_\_\_\_) Alt Phone (Optional): (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## EXPERIENCE INFORMATION

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer E-Mail Address: \_\_\_\_\_

Statement of Experience: \_\_\_\_\_ (*printed name of apprentice*) has been employed by \_\_\_\_\_ (*Employer*) for \_\_\_\_\_ years, \_\_\_\_\_ months and has met the minimum 6 months experience required to be eligible for full certification status. The apprentice operator is hereby requesting full water treatment operator certification with full authority and responsibility that certification entails. The experience was obtained within the timeline stated in The Rules Governing Water Treatment Facility Operators. An annual renewal fee (\$30) will be charged each year to maintain the certification along with 6 hours of professional growth hours.

Employer/ORC Signature: \_\_\_\_\_ (Required) Date: \_\_\_\_\_

Printed Employer Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ (Required)

Printed Applicant Name: \_\_\_\_\_

OFFICE USE ONLY  Acceptable Exp  6 mo or more of Exp  Signatures  Employment Info

Approved  Approved by: \_\_\_\_\_ Comment: \_\_\_\_\_

Denied  Denied by: \_\_\_\_\_ Reason for denial: \_\_\_\_\_

Please detail your experience as it relates to the type of certification upgrade for which you are applying. Use an additional sheet of paper if necessary.

Start/End dates should be relevant to the experience obtained NOT necessarily date(s) of employment.

<b>SURFACE EXPERIENCE</b>	Hours worked per week _____	Start Month:	Start Year:
System Name:	System ID #	End Month:	End Year:
<b>Describe In Detail Your Active, Daily Hands-on <u>Surface</u> Experience:</b>		<b>Total Months</b> _____	<b>Total Years:</b> _____
<b>WELL EXPERIENCE</b>	Hours worked per week _____	Start Month:	Start Year:
System Name:	System ID #	End Month:	End Year:
<b>Describe In Detail Your Active, Daily Hands-on <u>Well</u> Experience:</b>		<b>Total Months</b> _____	<b>Total Years:</b> _____
<b>CROSS CONNECTION EXP.</b>	Hours worked per week _____	Start Month:	Start Year:
System Name:	System ID #	End Month:	End Year:
<b>Describe In Detail Your Active, Daily Hands-on <u>CC</u> Experience:</b>		<b>Total Months</b> _____	<b>Total Years:</b> _____
<b>DISTRIBUTION EXP.</b>	Hours worked per week _____	Start Month:	Start Year:
System Name:	System ID #	End Month:	End Year:
<b>Describe In Detail Your Active, Daily Hands-on <u>Dist</u> Experience:</b>		<b>Total Months</b> _____	<b>Total Years:</b> _____
<b>RELATED EXPERIENCE</b>	Hours worked per week _____	Start Month:	Start Year:
<b>Lab, maintenance, wastewater or other experience should be listed here.</b>		End Month:	End Year:
<b>Describe In Detail Your Active, Daily Hands-on Experience:</b>		<b>Total Months</b> _____	<b>Total Years:</b> _____

**APPLICANT'S STATEMENT OF CERTIFICATION:** I HAVE READ AND AM AWARE OF THE REQUIREMENTS TO OBTAIN THIS CERTIFICATION IN *THE RULES GOVERNING WATER TREATMENT OPERATORS #15A NCAC 18D .0201*. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT RECORDING FALSE INFORMATION MAY LEAD TO MY CERTIFICATE BEING **REVOKED**.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**OPERATOR ID #**

**VERIFICATION BY OPERATOR IN RESPONSIBLE CHARGE, OWNER OR SUPERVISOR:** I have reviewed this application and recommend that the applicant be considered for full certification by the board. I understand that I am responsible for verifying the experience of the applicant and that false information can lead to the applicant's and/or my certificate being **revoked**.

ORC, OR OWNER'S **PRINTED** NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CERT NO:** \_\_\_\_\_