



**NORTH CAROLINA WATER TREATMENT FACILITY OPERATORS CERTIFICATION BOARD  
1635 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-1635  
PHONE (919) 707-9040 FAX (919) 715-2726**

**APPLICATION FOR OUT-OF-STATE CERTIFIED OPERATORS**

**INSTRUCTIONS:**

1. APPLICATION MUST BE TYPED OR PRINTED IN INK OR BALLPOINT PEN, AND MAILED TO:  
**N. C. WATER TREATMENT FACILITY OPERATORS CERTIFICATION BOARD  
1635 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-1635.**
2. APPLICATION PROCESSING FEE IS \$50.00 (NON-REFUNDABLE). TO VALIDATE THIS APPLICATION, THE FEE MUST BE INCLUDED. PLEASE MAKE CHECK PAYABLE TO: NCWTFO CERTIFICATION BOARD.
3. **IF YOU ARE NOT A LEGAL RESIDENT OF NORTH CAROLINA, YOU MUST PROVIDE PROOF OF IMPENDING EMPLOYMENT AS A WATER TREATMENT FACILITY OPERATOR IN THE STATE OF NORTH CAROLINA.**
4. **IF YOU ARE EMPLOYED IN NORTH CAROLINA, YOU MUST ATTACH A LETTER VERIFYING YOUR EMPLOYMENT.**
5. PLEASE PROVIDE A COPY OF YOUR STATE'S CERTIFICATION CERTIFICATE, AND ANY INFORMATION THAT WILL HELP DETERMINE YOUR ELIGIBILITY. YOUR CERTIFICATION MUST BE **ACTIVE** AND IN GOOD STANDING.

I HEREBY MAKE APPLICATION FOR A WATER TREATMENT FACILITY OPERATORS CERTIFICATION AND SUBMIT THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_  
                    FIRST  MIDDLE  LAST

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PHONE NO.(\_\_\_\_) \_\_\_\_\_

  CITY  STATE  ZIP

HOME ADDRESS \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

  CITY  STATE  ZIP

PREFERRED ADDRESS- HOME  EMPLOYER

PREFERRED PHONE- HOME  EMPLOYER

**CIRCLE THE TYPE OF CERTIFICATION REQUESTED:** Well Surface Distribution Cross-Connection

This is to certify that I now hold a Grade or Class \_\_\_\_\_ Operator Certification from the State of \_\_\_\_\_ and have had \_\_\_\_\_ years of water treatment experience. STATE OF LEGAL RESIDENCE: \_\_\_\_\_.  
Your certification must be active to qualify for application in the State of North Carolina.

**RECORD OF PREVIOUS WATER TREATMENT EXPERIENCE**

NAME OF TOWN OR UTILITY \_\_\_\_\_ PWS ID# \_\_\_\_\_  
SIZE OF SYSTEM (MGD) \_\_\_\_\_ POPULATION SERVED \_\_\_\_\_ WATER SOURCE \_\_\_\_\_  
SYSTEM CLASS \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
NATURE OF DUTIES (Describe in detail) DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF TOWN OR UTILITY \_\_\_\_\_ PWS ID# \_\_\_\_\_  
SIZE OF SYSTEM (MGD) \_\_\_\_\_ POPULATION SERVED \_\_\_\_\_ WATER SOURCE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
NATURE OF DUTIES (Describe in detail) DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF TOWN OR UTILITY \_\_\_\_\_ PWS ID# \_\_\_\_\_  
SIZE OF SYSTEM (MGD) \_\_\_\_\_ POPULATION SERVED \_\_\_\_\_ WATER SOURCE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
NATURE OF DUTIES (Describe in detail) DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_