

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 _____