



**STATEMENT OF QUALIFICATIONS**

This form is to be completed by each applicant, this information is needed to determine your status as a certified operator. All related wastewater field experience must be submitted on this form and any additional information may also be submitted separately, but in similar form.

<u>EDUCATION</u>	<u>INSTITUTION &amp; ADDRESS</u>	<u>YEARS ATTENDED</u>	<u>DEGREE GRANTED</u>	<u>STUDIES</u>
HIGH SCHOOL :	_____			
COLLEGE :	_____			
UNIVERSITY :	_____			
OTHER :	_____			

<u>COURSE TITLES</u>	<u>INSTITUTION &amp; ADDRESS</u>	<u>MONTH/DAY/YEAR-MONTH/DAY/YEAR</u>	<u>TOTAL HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List only those jobs which have been in the wastewater treatment field. Describe specific duties (responsibilities) performed in the job title indicated. Please use the same format on a separate sheet if you need more space.

**CURRENT EMPLOYER NAME & ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES MONTH(S)/YEAR(S)**

OPERATIONS: (Records, reports, equipment operating, sludge handling, process control functions, etc.)

MAINTENANCE: (Pumps, level controls, chlorination, etc.)

LABORATORY PROCEDURE: (Process control and regulatory testing)

COLLECTION OR DISTRIBUTION: (Operation & Maintenance Procedures)

MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)

**PREVIOUS EMPLOYER NAME & ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES MONTH(S)/YEAR(S)**

OPERATIONS:

MAINTENANCE:

LABORATORY PROCEDURE:

COLLECTION OR DISTRIBUTION:

MANUFACTURING AND/OR PROCESS EXPERIENCE: (Industrial license only)