



APPLICATION FOR RECIPROCITY

1. TYPE OF LICENSE REQUESTED

Please complete each question and type or print all information legibly and in black or blue ink.

(ALL SECTIONS 1 thru 3 MUST BE COMPLETED IN FULL)

Please specify the type of license for which you are applying:

(Select only **ONE** license)

☐ Water Treatment

☐ Domestic Wastewater Treatment

☐ Distribution Systems

**DO NOT WRITE IN THIS SPACE
FOR DEPARTMENT USE ONLY**

ORG.CODE/E.O./FUND: **37352030000/86/780001**

Reciprocity Application Total \$100 Receipt #: Payment #:
001078 – Application Fee \$50
002190 – License Fee \$50

2. APPLICANT PROFILE DATA:

Name: _____

Last First Middle

Mailing Address: _____

Number Street Apt.

City State Zip

*Social Security Number: - -

Date of Birth: / /

*Email Address: _____

Between the hours of 8:00am and 5:00pm what is your primary daytime phone number?

Primary telephone: () - Secondary telephone: () -

*Social Security numbers must be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), Public Law 104-193, 1996.

2X2 PASSPORT PHOTO

**PLACE PHOTO
HERE**

3. APPLICANT AFFIRMATION:

I affirm that the information given above is correct and true 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 license I may hold. Further, I understand that it is my responsibility to supplement my application to reflect any material change in circumstances, which may affect my eligibility for examination or licensure.

Signature of Applicant: _____

Date Signed: _____

please make sure you have completed the application in its entirety. Attach verification of license form and one 2x2 photo. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount. Send application to: **Department of Environmental Protection, Post Office Box 3070, Tallahassee, FL 32315**