



#### 4. SPECIAL TESTING ACCOMMODATIONS:

##### Do you require special testing accommodations due to documented disability?

☐ **NO** I have no documented disability or need for special testing accommodations.

☐ **YES** I have a documented disability that requires special testing accommodations. If yes, please **submit official supporting documentation of your clinical diagnosis or medical evaluation**. If you have any questions, please contact the Operator Certification Program for detailed information.

#### 5. EDUCATION:

##### Do you have a high school diploma or GED?

☐ **YES** Attach a copy of the diploma or GED.

☐ **NO** If No, stop here. Do not apply.

**Note:** All diplomas from foreign countries must be accompanied by an evaluation from a nationally accredited evaluation company and must be equivalent to a United States high school diploma. Visit <http://www.naces.org/> for a listing of approved evaluation companies.

#### 6. TRAINING INFORMATION:

##### Have you completed the required DEP APPROVED TRAINING COURSE?

☐ **YES** Attach a copy of your certificate(s) of course completion.

**Name of Course Completed:** \_\_\_\_\_

**Course Completion Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **NO** Stop here. Do not apply.

**Note:** The course must correspond to the license type and level required (i.e., Water Distribution 1, 2, 3 or 4) and is only valid for five years from the date of completion. If your course more than five years old, you are required to complete a new training course before you may be eligible to apply for your examination.

#### 7. 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 NOTE**

**Before mailing your application**, please make sure you have completed the application in its entirety. Attach all required certificates, supporting documentation, and one photograph. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount (\$75.00 for class 1, 2, or 3 and class 4).

Send application to:

**Department of Environmental Protection**  
**Post Office Box 3070**  
**Tallahassee, Florida 32315**

Our office has up to **30 days** to notify you in writing of any deficiency in your application. Please allow our office sufficient time to receive and process your application.