

APPLICATION FOR WATER DISTRIBUTION SYSTEM OPERATOR EXAMINATION

This application is for examination only not for licensure

1. TYPE OF EXAMINATION REQUESTED

DO NOT WRITE IN THIS SPACE Please complete each question and type or print all FOR DEPARTMENT USE ONLY information legibly and in black or blue ink. 37352030000/86/780001 ORG.CODE/E.O./FUND: (ALL SECTIONS 1 thru 7 MUST BE COMPLETED IN FULL) Please Level 1, 2, 3 & 4 Examination Receipt #: Payment #: specify the type and class of exam for which you are applying: **001078** - Application Fee \$25.00 Water Distribution **001080** - Exam Fee \$50.00 Total \$75.00 Level 1 Level 2 Level 3 Level 4 2. APPLICANT PROFILE DATA: DO NOT WRITE IN THIS Na<u>me:</u> _ SPACE FOR DEPARTMENT **First** Middle **USE ONLY** 1st Review 2nd review Appl. Fee Mailing Address: Profile Number Street Apt. No **Experience** Initial: City State Zip Complete *Social Security Number: Incomplete Date: Date of Birth: **Comments:** 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. 3. NAME CHANGE INFORMATION: Have you ever changed your name through marriage or through action of a court? Have you ever been known by any other name? NO **YES** If yes, list the name(s) and date(s) of change: Name: NOTE: You are required to submit legal name change documentation if different from high school diploma and/or training certificates.

4. SPECIAL TESTING ACCOMODATIONS:
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.

DEP Form 62-602.410(2), Application for Water Distribution System Operator Examination incorporated by reference in subsection 62-602.410(2), F.A.C., (September 30, 2025)