

1. TYPE OF LICENSE REQUESTED

APPLICATION FOR WATER DISTRIBUTION OPERATOR LICENSE

This application is for licensure only not for examination

Please complete each question and type or print all information legibly and in black or blue ink.		DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY		
(ALL SECTIONS 1 thru 4 MUST BE COMPLETED IN FULL)		ORG.CODE/E.O./FUND 37352030000/86/780001		
Please specify the type and class of license for which you are applying:	Level 1, 2, 3 &	4 License	Receipt #:	Payment #:
Water Distribution	001078 - Application Fee \$25.00 002190 - License Fee \$25.00			
Level 1 Level 2 Level 3 Level 4		<u>Tota</u>	al \$50.00	
2. APPLICANT PROFILE DATA:				
2. APPLICANT PROFILE DATA:				
Name: Last First N Mailing Address:	<u>Middle</u>	DO	tal hours: NOT WRITE IN TH DEPARTMENT U	
Number Street A	Apt. No	Appl. Fee Profile Experience	1st Review	2 nd review
<u>City State Z</u> *Social Security Number:	<u>čip</u>	Initial: Complete		
Date of Birth: / /		Incomplete Date:		
Email Address:		Comments:		
Between the hours of 8:00am and 5:00pm what is your primary daytime pl	hone number?			
Primary 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.

IMPORTANT NOTICE: READ THIS FIRST BEFORE YOU PROCEED! The following experience verification page(s) must be completed in its entirety in order to be considered as complete. Actual experience must meet the requirements outlined per Rule 62-602.250, F.A.C. Only actual experience in the Water Distribution field is acceptable. No time spent working on wastewater collection systems can count towards a water distribution system license. Be sure that experience verification dates and hours per week do not conflict with another FDEP license.

DEP Form 62-602.420(2), Application for Distribution
System Operator License incorporated by reference in
subsection 62-602.420(2), F.A.C., (September 30, 2025)

Secondary telephone:

3. EXPERIENCE VERIFICAT	1011.				
Employer/Company Name:	yer/Company Name: Employer Phone Number: () -				
Mailing Address:					
	Number and Street		10= 0.11 V =		
0.4	Obsta		ISE ONLY: Total hours:		
<u>City</u>	State	<u>Zip</u>			
Dates of Actual Experience: Fro		/ / DO NOT WRITE DATE	AS "CURRENT or PRESENT"		
# hours experience gained per w	veek: x # of weeks	= + Overtime hours:	= Total # of hours		
I, the verifying official of	Applicant Name	, do hereby confirm tha	t I have firsthand knowledge of		
listed here conforms to the de	nis applicant as it relates to wa efinition and intent of actual wa in Rule 62-602.250, F.A.C. F	ater distribution system experience urthermore, I verify that no time	& maintenance. The experience ce, and the applicant's duties are spent performing wastewater		
Verifying Official's Name:	Print Name	Title:			
Verifying Official's Signature:	Signature	Date:			
Verifying Official's License #:	Expiration Date	<u>e:</u>			
is Inactive or Null & Void. EXTRA EXPERIENCE VERIF	FICATION:				
Employer/Company Name:		Employer Telepho	ne Number: () -		
Mailing Address:					
	Number and Street		HOT ONLY		
-			USE ONLY: Total hours:		
<u>City</u>	State	<u>Zip</u>			
Dates of Actual Experience: Fro					
Dates of Actual Experience. Fro		/ / DO NOT WRITE DATE	AS "CURRENT or PRESENT"		
	MM/ DD / YYYY MM/		AS "CURRENT or PRESENT" = Total # of hours		
	MM/ DD / YYYY MM/ yeek: x # of weeks	= + Overtime hours:	_		
# hours experience gained per w I, the verifying official of the experience obtained by th listed here conforms to the de	MM/ DD / YYYY MM/ reek: x # of weeks Applicant Name his applicant as it relates to was finition and intent of actual was in Rule 62-602.250, F.A.C. F	= + Overtime hours: , do hereby confirm than ter distribution system operation ater distribution system experience. Furthermore, I verify that no time.	= Total # of hours t I have firsthand knowledge of & maintenance. The experience be, and the applicant's duties are		
# hours experience gained per w I, the verifying official of the experience obtained by th listed here conforms to the de consistent with those defined	MM/ DD / YYYY MM/ reek: x # of weeks Applicant Name his applicant as it relates to was finition and intent of actual was in Rule 62-602.250, F.A.C. F	= + Overtime hours: , do hereby confirm than ter distribution system operation ater distribution system experience. Furthermore, I verify that no time.	= Total # of hours t I have firsthand knowledge of & maintenance. The experience be, and the applicant's duties are		
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# hours experience gained per w I, the verifying official of the experience obtained by th listed here conforms to the de consistent with those defined wastewater collection syste Verifying Official's Name:	MM/ DD / YYYY MM/ yeek: x # of weeks Applicant Name his applicant as it relates to wa efinition and intent of actual wa hin Rule 62-602.250, F.A.C. F hems duties is included in data Print Name	= + Overtime hours:	= Total # of hours t I have firsthand knowledge of & maintenance. The experience be, and the applicant's duties are		

subsection 62-602.420(2), F.A.C., (September 30, 2025)

4. APPLICANT CHECK LIST:

Please initial that you have completed sections 1 through 4 that are necessary for your application to be complete:

- 1. Front page of application completed in its entirety.
- 2. Experience verification verified by a licensed Florida water treatment or distribution system operator.
- 3. Sign and date the last page of the application.
- 4. Submit appropriate application fees.

<u>Check/money order: Payable to Dept. of Environmental Protection or FDEP.</u>

If any item(s) are missing or are not completed you will receive an incomplete notice.

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

5. APPLICATION VERIFICATION:

I verify 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 licensure.

Signature of Applicant:	Date Signed:
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Send application to:

<u>Post Office Box 3070</u>

Tallahassee, Florida 32315