



### 3. EXPERIENCE VERIFICATION:

Employer/Company Name: \_\_\_\_\_ Employer Phone Number: (     )     -    

Mailing Address: \_\_\_\_\_  
Number and Street

**DEPT USE ONLY:** Total hours: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Actual Experience: From     /     /     thru     /     /     **DO NOT WRITE DATE AS "CURRENT or PRESENT"**  
MM / DD / YYYY     MM / DD / YYYY

# hours experience gained per week:     x # of weeks     =     + Overtime hours:     = **Total # of hours**

I, the verifying official of \_\_\_\_\_, do hereby confirm that I have firsthand knowledge of

**Applicant Name**  
the experience obtained by this applicant as it relates to water distribution system operation & maintenance. The experience listed here conforms to the definition and intent of actual water distribution system experience, and the applicant's duties are consistent with those defined in Rule 62-602.250, F.A.C. **Furthermore, I verify that no time spent performing wastewater collection systems duties is included in dates and hours above.**

Verifying Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Verifying Official's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please Note: Only appropriately licensed personnel can sign for verification of experience. Examples of those who cannot sign for verification of experience are Human Resources personnel, Professional Engineers, unlicensed Utility Directors, unlicensed Supervisors, Drinking Water Treatment or Water Distribution Operators whose license is Inactive or Null & Void.**

### EXTRA EXPERIENCE VERIFICATION:

Employer/Company Name: \_\_\_\_\_ Employer Telephone Number: (     )     -    

Mailing Address: \_\_\_\_\_  
Number and Street

**DEPARTMENT USE ONLY:** Total hours: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Actual Experience: From     /     /     thru     /     /     **DO NOT WRITE DATE AS "CURRENT or PRESENT"**  
MM / DD / YYYY     MM / DD / YYYY

# hours experience gained per week:     x # of weeks     =     + Overtime hours:     = **Total # of hours**

I, the verifying official of \_\_\_\_\_, do hereby confirm that I have firsthand knowledge of

**Applicant Name**  
the experience obtained by this applicant as it relates to water distribution system operation & maintenance. The experience listed here conforms to the definition and intent of actual water distribution system experience, and the applicant's duties are consistent with those defined in **Rule 62-602.250, F.A.C.** **Furthermore, I verify that no time spent performing wastewater collection systems duties is included in dates and hours above.**

Verifying Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Verifying Official's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### 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.

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

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:

Send application to:

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