



State of Louisiana

Louisiana Department of Health

APPLICATION FOR OPERATOR CERTIFICATION EXAMS

1. PERSONAL DATA (please print or type)

FILL IN COMPLETELY!

Full Name _____
Last First Middle

Social Security # or Operator ID # _____ Date of Birth _____ Email Address _____

Home Address _____
Number Street City State ZIP

Name of Employer _____ Parish _____

Place of Employment _____
Number Street City State ZIP

Name of Plant(s) Water and/or Sewage _____ Work Phone # _____

Home Phone # _____ Cell Phone # _____ Work Fax # _____

Complete for All Exams: Exam Date _____	Location: _____
Location of the 32 or 40 hr Operator Certification Review Course: _____	Date Course Attended: _____ No. _____
Location of the 32 or 40 hr Operator Certification Review Course: _____	Date Course Attended: _____ No. _____
Location of the 32 or 40 hr Operator Certification Review Course: _____	Date Course Attended: _____ No. _____
Instructor or Training Agency: _____	
Mail to the attention of Valenscia Walker at LDH/OPH/Operator Certification P.O. Box 4489 Bin #10 Box #6 - Baton Rouge, Louisiana 70821-4489	

2. EXAMINATIONS REQUESTED

** Examination Fees are \$5.00 per exam*

(CHECK EACH EXAM TO BE TAKEN)

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| A. Class 1 Water Production | D. Class 2 Water Production | G. Class 3 Water Production | J. Class 4 Water Production |
| B. Class 1 Water Distribution | E. Class 2 Water Distribution | H. Class 3 Water Distribution | K. Class 4 Water Distribution |
| C. Class 1 Water Treatment | F. Class 2 Water Treatment | I. Class 3 Water Treatment | L. Class 4 Water Treatment |
| M. Class 1 Wastewater Collection | O. Class 2 Wastewater Collection | Q. Class 3 Wastewater Collection | S. Class 4 Wastewater Collection |
| N. Class 1 Wastewater Treatment | P. Class 2 Wastewater Treatment | R. Class 3 Wastewater Treatment | T. Class 4 Wastewater Treatment |
| U. Wastewater Lab 1 | V. Wastewater Lab 2 | W. Water Lab 1 | X. Water Lab 2 |

3. CURRENT CERTIFICATIONS (Water and/or Wastewater) List all by class and type.

4. YEARS OF FORMAL EDUCATION: _____ + _____ + _____ = _____
grade school high school college total years

a. Did you receive a high school diploma or equivalent certificate (GED)? YES() NO ()

b. Name and address of high school (include month/year diploma or GED received).

c. College or University (include name & location of college, dates attended (from-to), credit hours, (semester & quarter hours), degree received.

d. Other schools attended (include business, trade, military, etc.). Be sure to include name and address of each school, dates attended (month and year), type of course, and diploma or certificates received. If no diploma or certificate, indicate whether or not you completed the course. Indicate total number of classroom hours for completed courses.

5. WATER AND/OR WASTEWATER WORK EXPERIENCE:

EMPLOYMENT: CURRENT JOB

Date of employment (include month, day, and year) _____ to Present
Type of Plant _____ Title of your position _____
Firm Name _____ Address _____
City, State, Zip _____
Name and Title of immediate supervisor _____
Total hours worked per week _____
Number and Title of employees you supervised (use separate sheet if necessary) _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS EMPLOYMENT (include month, day, and year) _____ to _____

Type of Plant _____ Title of your position _____
Firm Name _____ Address _____
City, State, Zip _____
Name and Title of immediate supervisor _____
Total hours worked per week _____
Number and Title of employees you supervised (use separate sheet if necessary) _____

Describe your water &/or wastewater work in detail: _____

PREVIOUS EMPLOYMENT (include month, day, and year) _____ to _____

Type of Plant _____ Title of your position _____
Firm Name _____ Address _____
City, State, Zip _____
Name and Title of immediate supervisor _____
Total hours worked per week _____
Number and Title of employees you supervised (use separate sheet if necessary) _____

Describe your water &/or wastewater work in detail: _____

Note: If more space is needed, use a separate sheet of paper of the same size as this application.

I certify that the foregoing data is correct to the best of my knowledge, and in completion this application, do hereby agree to take the required examinations at the time and place designated by the Committee of Certification for Water and Sewerage Works Operators. Any false or erroneous information may be cause for disapproval of this application and / or loss of certification.

Date Printed Name Signature Of Applicant

Date Printed Name Signature Of Applicant's Supervisor