



# Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Application for Reciprocal Certification as a Community Water Supply Operator

### INSTRUCTIONS TO APPLICANT

**The State of Illinois has a residency requirement. You must either live or work in Illinois prior to applying for reciprocity for drinking water operator certification.**

1. Please print legibly or type. Give complete and detailed answers. You will be credited only with drinking water related education and experience shown in this application. If more space is needed, attach additional sheets. Be sure to list all drinking water experience regardless of which certificate you are applying for.
2. There is a non-refundable fee of \$30.00 for application review and a \$10.00 certification fee. Please send payment in the form of a check or money order for \$40.00 payable to the Illinois Environmental Protection Agency. No cash will be accepted.
3. Incomplete applications will be returned.
4. Attach a copy of your certificate from the certifying jurisdiction that you are asking to be considered for reciprocity.
5. The issuing authority for the certificate type and level you now hold must have requirements for examination, education and experience equal or more stringent than the requirements for an Illinois certificate of equal classification.
6. The applicant must sign and date the original application and submit the completed application with the fee to: Illinois Environmental Protection Agency, Operator Certification/BOW/CAS #19, 2520 West Iles Avenue, P.O. Box 19276, Springfield, IL 62794-9276.

### GENERAL

MR. <input type="radio"/>	MS. <input type="radio"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
HOME ADDRESS (STREET OR P.O. BOX)		CITY		STATE	ZIP
COUNTY		DATE OF BIRTH		E-MAIL ADDRESS	
DAYTIME TELEPHONE NUMBER WITH AREA CODE		HOME TELEPHONE NUMBER WITH AREA CODE		OPERATOR ID (IF KNOWN)	

### CERTIFICATION INFORMATION

SELECT LEVEL OF RECIPROCAL CERTIFICATION SOUGHT (SELECT ONLY ONE)				<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
CURRENTLY HELD CERTIFICATIONS	ISSUED BY	DATE CERTIFIED	EXPIRATION DATE				

GENERAL QUESTIONS (CHECK APPROPRIATE YES/NO BOX)	YES	NO
Have you ever been denied a water supply operator certification?	<input type="radio"/>	<input type="radio"/>
Have you ever had typhoid fever or lived with an individual who has had typhoid fever?	<input type="radio"/>	<input type="radio"/>
Have you ever had amoebic dysentery or lived with an individual who has had amoebic dysentery?	<input type="radio"/>	<input type="radio"/>
Have you received a final judgment in a civil action or conviction in a criminal action that:		
determined you falsified or willfully failed to maintain or submit records and reports required by any authorized regulatory authority?	<input type="radio"/>	<input type="radio"/>
determined you demonstrated gross negligence or misconduct in the operation and maintenance of a drinking water supply?	<input type="radio"/>	<input type="radio"/>
determined you obtained or attempted to obtain a water supply operator certification in any state by fraud or deceit?	<input type="radio"/>	<input type="radio"/>
had your water supply operator certificate sanctioned (revoked, suspended, or placed on probation) in any state?	<input type="radio"/>	<input type="radio"/>
If you answered yes to the above questions, please explain on a separate piece of paper and attach it to this application.		

DECLARATIONS OF ELIGIBILITY (CHECK APPROPRIATE YES/NO BOX)	YES	NO
I am able to read and write English.	<input type="radio"/>	<input type="radio"/>
I certify that I have graduated from high school or have obtained a GED.	<input type="radio"/>	<input type="radio"/>
Have you been convicted of terrorism, making a terrorist threat, or causing a catastrophe?	<input type="radio"/>	<input type="radio"/>

DECLARATIONS OF ELIGIBILITY (CHECK APPROPRIATE YES/NO BOX)	YES	NO
Have you been convicted of violating the Illinois Environmental Protection Act?	<input type="radio"/>	<input type="radio"/>

EDUCATION				
HIGH SCHOOL DIPLOMA		<input type="radio"/> YES <input type="radio"/> NO		YEAR COMPLETED
HIGH SCHOOL NAME, CITY, AND STATE				
GENERAL EDUCATION DEVELOPMENT (GED)		<input type="radio"/> YES <input type="radio"/> NO		YEAR COMPLETED
COLLEGE OR UNIVERSITY	MAJOR	MINOR	DEGREE TYPE	DATE RECEIVED
REFERENCES List the name, address, and telephone number of three individuals who can verify your character and experience.				
NAME	ADDRESS		TELEPHONE NUMBER	
APPLICANT SIGNATURE				
»»» READ CAREFULLY BEFORE SIGNING «««				
<p>I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))</p> <p>I hereby authorize the State of Illinois to contact any jurisdiction under which I hold a valid water supply operator certificate so that the State of Illinois may verify my test scores, work history and hands-on experience.</p>				
SIGNATURE			DATE	

**EMPLOYMENT HISTORY**

Be sure to list all water treatment experience. Begin with your present employment and work backwards listing your experience. Complete a separate employment history section for each job. If you need additional pages, make copies and attach them to the application.

WATER SYSTEM NAME		WATER SYSTEM NUMBER		WORK TELEPHONE WITH AREA CODE	
EMPLOYER'S ADDRESS		CITY		STATE	ZIP
AVG. HOURS PER WEEK	JOB POSITION/TITLE		START DATE		END DATE
SUPERVISOR'S NAME			SUPERVISOR'S TITLE		

LIST PRIMARY RESPONSIBILITIES

**EMPLOYMENT HISTORY**

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EMPLOYER'S ADDRESS		CITY		STATE	ZIP
AVG. HOURS PER WEEK	JOB POSITION/TITLE		START DATE		END DATE
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LIST PRIMARY RESPONSIBILITIES