



Florida Water & Pollution Control Operators Association
A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

**VOLUNTARY CERTIFICATION APPLICATION FORM
WASTEWATER COLLECTION**

Location of School: _____ Date/s of School: _____
Address: _____

- * THIS ORIGINAL APPLICATION MUST BE RETURNED TO THE FW&PCOA TRAINING OFFICE.
- * THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED.
- * FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.
- * REGISTRATION MUST BE RECEIVED BY THE TRAINING OFFICE NO LATER THAN 30 DAYS PRIOR TO SCHOOL.

NAME: _____ Last 4 digits of SS#: _____

MAILING ADDRESS: _____
(House Number) (Street/Ave) (Apt #)

(City) (County) (State) (Zip)

Work Phone: (____) _____ Fax: (____) _____

Employer: _____ Job Title: _____

Email Address: _____ License # (for CEU): _____

PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:

Wastewater Collection C: _____ course & exam _____ exam only _____ CEU (WW02014034, 3.0 CEU)
Wastewater Collection B: _____ course & exam _____ exam only _____ CEU (WW02014033, 3.0 CEU)
Wastewater Collection A: _____ course & exam _____ exam only _____ CEU (WW02014027, 3.0 CEU)

NO ACTUAL EXPERIENCE OR QUALIFICATIONS ARE REQUIRED FOR CEU.

EXAMS REQUIRE "HANDS-ON" EXPERIENCE: MUST BE VERY SPECIFIC TO WASTEWATER COLLECTION SYSTEM OPERATIONS. IF SPECIFIC JOB DUTIES ARE NOT LISTED, APPLICATION WILL BE RETURNED. Examples of specific job duties: CCTV inspection, main line cleaning, lift station maintenance/repair, line stoppage clearing, installing/repairing laterals and cleanouts, etc.
Use an additional sheet of paper if necessary.

List all Employers where Wastewater Collection experience is gained. Phone number must be included

Employer: _____ Phone: (____) _____
Dates of Employment: _____
Specific Job Duties: _____

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Dates of Employment: _____
Specific Job Duties: _____

LIST CURRENT HIGHEST WATER/RECLAIMED WATER/WASTEWATER/STORMWATER CERTIFICATIONS HELD:

Certification Type: _____ Class: _____ Certificate #: _____ Date Issued: _____
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TEXTBOOKS: The FW&PCOA will provide the textbook to students taking both the course and certification exam.

CERTIFICATION EXAMS: The advanced A level, intermediate B level and basic C level exams will be given by the Voluntary Certification Board on a specified exam date. The board will issue an FW&PCOA Certification Certificate when all criteria have been satisfied. Applicants who meet the following qualifications may sit for an exam.

QUALIFICATIONS FOR CERTIFICATION EXAMS:

CLASS C: (A) Must be at least 18 years of age. (B) Must furnish evidence of having a high school diploma or equivalent. (C) Must have accumulated at least 1 year (2,080 hours) of actual "Hands-On" experience. (D) Must furnish evidence of having completed the FW&PCOA Class C Technology training course. (E) Must pass the C level written exam.

CLASS B: (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class B Technology training course. (D) Must pass the B level written exam.

CLASS A: (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class A Supervision training course. (D) Must pass the A level exam.

***Request for an Oral Exam:** Medical documentation that is in agreement with the Americans with Disabilities Act (ADA) must be provided. _____ **YES:** I request to take an oral exam, documentation is attached.

***NOTE: FALSE OR INCORRECT INFORMATION PROVIDED ON THIS APPLICATION FORM AND ACKNOWLEDGED AS BEING TRUE AND CORRECT BY THE SUPERVISOR AND APPLICANT SIGNATURES WILL RESULT IN AN ETHICS HEARING THAT COULD RESULT IN THE SUSPENSION OR REVOCATION OF ANY AND ALL EXISTING CERTIFICATION HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.**

SUPERVISOR'S VERIFICATION: By signing this application form I **AFFIRM** that I have reviewed the completed form and **CERTIFY** that to the best of my knowledge it is true, complete and accurate. I recommend that the applicant be considered for certification by the FW&PCOA Voluntary Certification Board.

Supervisor's Signature: _____ **Title:** _____

Printed Name: _____ **Phone:** _____

APPLICANT'S VERIFICATION: By signing this application form, I certify that the information contained in this application is true, complete and accurate.

Applicant's Signature: _____ **Date:** _____

FEES (Payable to FW&PCOA):

Course & Exam, includes textbook(s) (FW&PCOA Member):	\$375.00
Exam Only:	\$100.00

CHECK ONE: _____ Payment made on-line at www.fwpcoa.org

_____ Payment enclosed or attached

BY MAIL: FW&PCOA Training Office
4401 S Hopkins Ave, Ste 108
Titusville, FL 32780-6679

BY EMAIL: fwpcoa@gmail.com

BY FAX: (321) 383-9691