# Florida Water & Pollution Control Operators Association



## Fall State Short School

August 12-16, 2024



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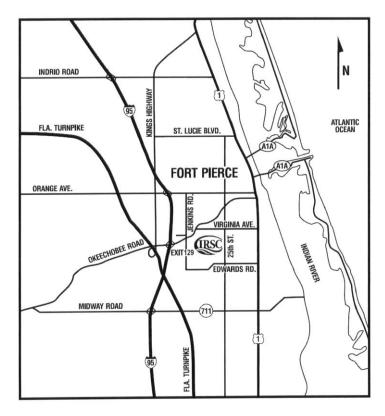
Note: Quick links to document pages are in blue text.



### **School Location**

Indian River State College Brown Center/CCTI, Bldg Y 3209 Virginia Avenue Fort Pierce, FL 34981

Located 2.4 miles east of Interstate 95 (Exit 129), and 3.2 miles east of the Turnpike (Exit 152), on Florida 70.



### School Schedule

- Check-in: Monday, August 12, 2024 8:00 a.m.
- Classes: Monday Thursday 8:00 a.m. – 4:30 p.m.

Friday 8:00 a.m. – 12:00 Noon • Free Awards Luncheon • Wednesday at 11:30 a.m.



## Indian River State College – Main Campus





### COURSES (Click Here for Program Descriptions)

### Water Distribution Level 3, 2, 1

Our Water Distribution residency courses provide the requisite training required by the Florida Department of Environmental Protection for a Water Distribution System Operator to take the Florida Operator Licensing Exam. These courses are also available for Water Plant and Water Distribution Operator continuing education - exam not required (DW/DS02014037, DW/DS02014038, DW/DS02014027 - 3.0 CEU each).

Classes: Mon, Tue, Wed, Thu. Exam: Fri.

Click here for the course application.

### Wastewater Collection C, B, A

Our Voluntary Certification Program developed for the Wastewater Collection System Operator. These courses are also available for Wastewater Plant Operator continuing education - exam not required (WW02014034, WW02014033, WW02014027 - 3.0 CEU each).

Classes: Mon, Tue, Wed, Thu. Exam: Fri.

Click here for the course application.

#### Stormwater C, B, A

Our Voluntary Certification Program developed for the Stormwater Management Operator. These courses are also available for Water and Wastewater Plant Operator continuing education - exam not required (DW/WW02014026, DW/WW02014025, DW/WW02014024 - 3.0 CEU each). Classes: Mon, Tue, Wed, Thu. Exam: Fri. Click here for the course application.

### Reclaimed Water Distribution C, B, A

\$355/\$100\* Our Voluntary Certification Program developed for the Reclaimed Water Distribution System Operator. These courses are also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014124, DW/DS/WW02014123, DW/DS/WW02014138 - 3.0 CEU).

Classes: Mon, Tue, Wed, Thu. Exam: Fri.

Persons who have successfully completed an FW&PCOA Water Note: Distribution Course may take an abbreviated version of the Reclaimed Water Distribution C, B, and A courses, with exam, for \$155/\$100\* Click here for the course application.

\$355/\$100\*

### \$355/\$100\*

\$355/\$100\*



### COURSES (Click Here for Program Descriptions)

### **Backflow Tester**

Our Certification Program developed for Backflow Prevention Assembly Testers. This course is also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014006 - 3.2 CEU).

Classes: Mon, Tue, Wed, Thu. Exam: Thu. Click here for the course application.

### **Backflow Repair**

Our Certification Program developed for Backflow Prevention Assembly Repairers. Applicants must possess FW&PCOA Backflow Tester certification. This course is also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014007 – 2.4 CEU). Classes: Wed, Thu. Exam: Thu. Click here for the course application.

### **Backflow Tester Recertification**

Our exam provided to recertify Backflow Prevention Assembly Testers. Exam: Thu. Click here for the course application.

### Facility Management Module I

Prerequisite course for the Florida Class A Water and Wastewater Treatment Plant Operator Exam. (DW/DS/WW02014012, 3.0 CEU) Classes: Mon, Tue, Wed, Thu. Click here for the course application.

\$355/---\*

\$355/\$100\*

\$425/\$100\*





### Courses (Click Here for Program Descriptions)

### Utilities Maintenance II & I

\$355/100\*

This course is designed for utility maintenance personnel, such as plant and pump station mechanics and electricians. These courses are also available for Wastewater Plant Operator continuing education - exam not required (DS/ DW/WW02014170, DS/DW/WW02014226 – 3.0 CEU each). **Classes: Mon, Tue, Wed, Thu. Exam: Fri.** Click here for the course application.

#### Wastewater Process Control

The Wastewater Process Control course is a 30-hour continuing education course focusing on wastewater treatment process control concepts. The course topics include pretreatment, rules and regulations, disinfection and odor control, wastewater process math, the activated sludge process, biological nutrient removal, and biosolids handling. (WW02014035 – 3.0 CEU)

#### Classes: Mon, Tue, Wed, Thu.

Click here for the course application.

### Wastewater Troubleshooting

The Wastewater Troubleshooting course is a 30-hour continuing education course emphasizing wastewater treatment process troubleshooting. The course topics include activated sludge troubleshooting, laboratory procedures, optimizing process instrumentation, wastewater process math, disinfection and odor control, plant design, and rules and regulations. (WW02014036 – 3.0 CEU) **Classes: Mon, Tue, Wed, Thu.** 

Click here for the course application.

### Basic Electrical and Instrumentation

The Basic Electrical Instrumentation Course is a 30-hour continuing education course designed to teach students the basic concepts of electricity and plant process instrumentation. The course covers theory, logic controller instrumentation, programmable basics, digital multimeter fundamentals, controls troubleshooting, and SCADA and radio telemetry fundamentals. The course features classroom and hands-on demonstrations led by an experienced instructor. (DW/WW02014008,3.0CEU) Classes: Mon, Tue, Wed, Thu.

Click here for the course application.

\$355/---\*

\$355/---\*

\$355/---\*



### **School Registration**

Pre-registration for the school is required. When applying for a course offered at the school, the applicant has the option of:

1) Registering and paying the tuition fee on-line, or

### **CLICK HERE TO REGISTER ON-LINE**

2) Registering and paying the tuition fee by traditional methods (mail, e-mail or fax).

**In either case** - Please neatly complete and submit the course application form provided in this document with copies of all required documents attached. Tuition payments should be made payable to the FW&PCOA.

By Mail:	FW&PCOA Training Office	By Email:	fwpcoa@gmail.com
	4401 S Hopkins Ave, Ste 108		
	Titusville, FL 32780-6679	By Fax:	(321) 383-9691

If you have any questions or need assistance, contact the FW&PCOA Training Office at:

Telephone:	(321) 383-9690
Fax:	(321) 383-9691
E-mail:	fwpcoa@gmail.com



### Area Hotels

The following hotels are conveniently located near the Indian River State College Campus.

Fairfield Inn & Suites 6502 Metal Drive Fort Pierce, FL 34945 (772) 462-2900 Code: FWPCOA Holiday Inn Express 7151 Okeechobee Rd Fort Pierce, FL 34945 (772) 464-5000 Code: FSS

Click Here for Other Area Hotels

Rooms are available on a first come, first served basis. Be sure to mention the Group Code.

### **On-the-Road Training Program**

Can't come to our Short School due to budget cut-backs or a schedule conflict? Let the Florida Water & Pollution Control Operators Association bring our courses to your utility via our cost-effective On-the-Road Training Program! All you do is provide the training room and the students, and we do the rest!

For more information on the On-the-Road Training Program, please contact Training Coordinator Shirley Reaves at (321) 383-9690 or fwpcoa@gmail.com.



> <u>Appendix</u> (Course Applications)

### Florida Water & Pollution Control Operators Association



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

### SYSTEMS OPERATORS APPLICATION FORM WATER DISTRIBUTION

Location of School: 2024 Fall State Short School Address: Indian River State College 3209 Virginia A			Date/s of School: <u>August 12-16, 2024</u>		
School Address: Indian	River State College	3209 Virginia Avenue	Fort Pierce,	FL 34981	
NAME:			Last 4 digits of SS#:		
MAILING ADDRESS:					
	(Hous	se Number)	(Street/Ave)	(Apt.)	
	(City)	(County)	(State)	(Zip	
Email Address:					
Work Phone: ()		Fax: ()			
Employer:		Job Title:			

Water Distribution Level 3:	course & exam	course only	exam only	CEU (DW/DS02014038, 3.0 CEU's)
Water Distribution Level 2:	course & exam	course only	exam only	CEU (DW/DS02014037, 3.0 CEU's)
Water Distribution Level 1:	course & exam	course only	exam only	CEU (DW/DS02014027, 3.0 CEU's)

**TEXTBOOK:** The FW&PCOA will provide a textbook to students taking both the course and certification exam.

#### To receive a "Certificate-of-Completion":

You must: 1) Be at least 18 years of age, 2) Furnish evidence of having completed the corresponding FW&PCOA training course, and. 3) Pass the end of course written exam with a score of 70% or higher.

Please note that while the FW&PCOA does not require evidence of a high school diploma or equivalent for its water distribution operator training programs, applicants for Florida Department of Environmental Protection (FDEP) licensure must provide proof that they hold a valid high school diploma or equivalent issued by an FDEP approved institution. Contact the FDEP Operator Certification Program office (850-245-7500) for details.

**<u>Request for an Oral Exam</u>**: Medical documentation that is in agreement with the Americans with Disabilities Act (ADA) must be attached. Please place an "X" below to indicate your request for an oral exam.

\_\_\_\_\_YES: I request to take an oral exam, documentation attached.

Applicant's Signature:			Date:	
FEES (Payable to	) FW&PCOA):			
Course & Exa Exam Only:	am, includes textbook		\$355.00 \$100.00	
SEND the comple	eted application by one of the follo	wing methods:		
BY MAIL:	FW&PCOA Training Office	BY EMAIL:	fwpcoa@gmail.com	
	4401 S Hopkins Ave, Ste 108 Titusville, FL 32780-6679	BY FAX:	(321) 383-9691	



### **VOLUNTARY CERTIFICATION APPLICATION FORM** WASTEWATER COLLECTION

Location of School: 2024 Fall State Short		f School: <u>August 12-16, 202</u> 4	
School Address: Indian River State College	3209 Virginia Avenue	Fort Pierce, F	L 34981
<ul> <li>* THIS ORIGINAL APPLICATION MUST BE F</li> <li>* THIS APPLICATION WILL BE RETURNED F</li> <li>IS NOT ATTACHED.</li> <li>* FORM MUST BE SIGNED BY YOU AND YOU</li> <li>* REGISTRATION MUST BE RECEIVED BY T</li> </ul>	IF THE ORIGINAL IS NOT PRO UR SUPERVISOR.	OVIDED AND ALL NECESSA	
NAME:		_ Last 4 digits of SS#: _	
MAILING ADDRESS:	r) (Street/Ave)		(Apt #)
(City)	(County)	(State)	(Zip)
Work Phone: ( )	-		
Employer:	Job Title:		
Email Address:		License # (for CEU):	
PLACE AND "X" NEXT TO THE APPROP	RIATE LEVEL OF TRAININ	<u>G AND/OR EXAM</u> :	
Wastewater Collection C:course & exWastewater Collection B:course & exWastewater Collection A:course & ex	am exam only	CEU (WW02	014033, 3.0 CEU)
NO ACTUAL EXPERIENCE OR QUAL	<b>IFICATIONS ARE REQU</b>	IRED FOR CEU.	
<b>EXAMS REQUIRE "HANDS-ON" E</b> <u>COLLECTION SYSTEM OPERAT</u> <u>APPLICATION WILL BE RETURE</u> cleaning, lift station maintenance/repair <b>Use an additional sheet of paper if nec</b>	<b><u>TIONS.</u></b> IF <u>SPECIFI</u> <u>NED.</u> Examples of speci , line stoppage clearing, ir	<b><u>C</u> JOB DUTIES AR</b> fic job duties: CCTV in	E NOT LISTED, nspection, main line
List all Employers where Wastewater	Collection experience is a	gained. Phone number	must be included
Employer:       Dates of Employment:       Specific Job Duties:		Phone: (	)
Employer: Dates of Employment:			)
Specific Job Duties:			

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

Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:

**TEXTBOOKS:** The FW&PCOA will provide textbooks 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.

#### **OUALIFICATIONS 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:
 \_\_\_\_\_\_

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 t	<u>o FW&amp;PCOA)</u> :		
Course & Exa Exam Only:	am, includes textbook(s):		\$355.00 \$100.00
SEND Pages 1 ar	nd 2 of the completed application, with	attachments, by one o	f the following methods:
BY MAIL:	FW&PCOA Training Office	BY EMAIL:	fwpcoa@gmail.com
	4401 S Hopkins Ave. Ste 108 Titusville, Fl 32780-6679	BY FAX:	(321) 383-9691
REV. 04/24		Wa	stewater Collection Application Page 2 of 2



### VOLUNTARY CERTIFICATION APPLICATION FORM STORMWATER MANAGEMENT

Location of School: 2024 Fall State Short		_ Date/s of So	chool <u>: Augu</u>	<u>st 12-16, 2024 Fo</u> rt			
School Address: Indian Riv	rginia Avenue			<u>Pierce, FL 349</u> 81			
<ul> <li>* THIS ORIGINAL APPLICA</li> <li>* THIS APPLICATION WILLI IS NOT ATTACHED (SEE 7)</li> <li>* FORM MUST BE SIGNED 1</li> <li>* REGISTRATION MUST BE</li> </ul>	L BE RETURNED IF TH THE SECTION ON CEN BY YOU AND YOUR S	HE ORIGI RTIFICAT UPERVIS	INAL IS NOT PRO FION EXAMS ON OR.	OVIDED AND PAGE 2 FOR	ALL NECE: THE REQU	VIRED ATTACHMENT	
NAME:				_ Last 4 dig	gits of SS#	:	
MAILING ADDRESS:	(House Number)		(Street/Ave)			(Apt #)	
(City)	(C	ounty)		(State)	)	(Zip)	
Work Phone: ( )			Fax: ()				
Employer:			Job Title:				
Email Address:				License #	(for CEU)	:	
PLACE AND "X" NEXT TO	O THE APPROPRIA	TE LEVI	EL OF TRAININ	G AND/OR	EXAM:		
Stormwater B: Stormwater A:	_ course & exam _ course & exam _ course & exam		exam only		_ CEU (DW _ CEU (DW	V/WW02014026, 3.0 C V/WW02014025, 3.0 C V/WW02014024, 3.0 C	EU) EU)
NO ACTUAL EXPERIENC VOLUNTARY CERTIFIC LISTED BELOW <u>MUST B</u> RETURNED. List all employers where St	ATION EXAMS RE <u>E SPECIFIC TO ST</u> tormwater experience	CQUIRE <u>ORMWA</u> e is gaine	"HANDS-ON" I <u>TER SYSTEM (</u> d, starting with t	EXPERIENC DPERATION	E IN THE	E FIELD. THE DU APPLICATION WIL	TIES L BE
number must be included.	Use an additional shee	t of pape	r if necessary.				
Employer: Dates of Employment: F Specific Job Duties:						)	
Employer: Dates of Employment: F Specific Job Duties:			to		Phone: (	)	

#### LIST ALL FW&PCOA VOLUNTARY CERTIFICATIONS AND/OR FLORIDA LICENSES CURRENTLY HELD:

Certification/License Type:	Class:	Certificate #:	Date Issued:
Certification/License Type:	Class:	Certificate #:	Date Issued:
Certification/License Type:	Class:	Certificate #:	Date Issued:
Certification/License Type:	Class:	Certificate #:	Date Issued:

**TEXTBOOK:** The FW&PCOA will provide a textbook to students taking both the course and certification exam.

**CERTIFICATION EXAMS:** The entry-level Class C, the intermediate level Class B, and the advanced level Class A exams will be given by the FW&PCOA Voluntary Certification Board on a specified examination date. The Board will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the class of certification being applied for. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

- <u>CLASS C:</u> (A) Must be at least 18 years of age. (B) **Must attach a copy of a high school diploma or equivalent.** (C) Must have accumulated at least 1 year (2,080 hours) of documented "Hands-On" experience in the field. (D) Must successfully complete the FW&PCOA Class C Technology training course. (E) Must pass the Class C written exam.
- CLASS B: (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class B Technology training course. (D) Must pass the Class B written exam.
- CLASS A: (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class A Technology training course. (D) Must pass the Class A exam.

**REQUEST FOR AN ORAL EXAM:** Applicants requesting an oral exam <u>must attach documentation</u> from a licensed medical practitioner that complies with the Americans with Disabilities Act (ADA). **Yes, I request an oral exam.** 

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 FW&PCOA CERTIFICATIONS HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.

<u>SUPERVISOR'S VERIFICATION:</u> By signing this application form, I AFFIRM that I have reviewed this completed application and CERTIFY that, to the best of my knowledge, the information stated herein 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:
D. 4	-

Printed Name: \_\_\_\_\_

Phone:

<u>APPLICANT'S VERIFICATION:</u> 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	e to FW&PCOA):			
Course & Exam, includes textbook:			\$355.00	
Exam Only:		\$100.00		
SEND Pages 1	and 2 of the completed application, wit	h attachments, by one o	f the following methods:	
BY MAIL:	FW&PCOA Training Office 4401 S Hopkins Ave, Ste 108	BY EMAIL:	fwpcoa@gmail.com	
	Titusville, Fl 32780-6679	BY FAX:	(321) 383-9691	

Florida Water & Pollution Control Operators Association



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

### VOLUNTARY CERTIFICATION APPLICATION FORM RECLAIMED WATER DISTRIBUTION

LOCATION OF SCHOOL: 2024 Fall State Short School DATE OF SCHOOL: August 12-16, 2024 ADDRESS: Indian River State College 3209 Virginia Avenue Fort Pierce, FL 34981 \* 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 #) (County) (State) (Zip) (City) Work Phone: (\_\_\_\_) Fax: (\_\_\_\_) Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ License # (for CEU): Email Address: PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM: \_\_\_\_\_ exam only Level C: \_\_\_\_\_ course & exam \_\_\_\_\_1 day course & exam\* \_\_\_\_\_ CEU (DW/DS/WW02014124, 3.0 CEU) Level B: \_\_\_\_\_ course & exam \_\_\_\_\_1 day course & exam\* \_\_\_\_\_ exam only \_\_\_\_ CEU (DW/DS/WW02014123, 3.0 CEU) Level A: \_\_\_\_\_ course & exam \_\_\_\_\_1 day course & exam\* \_\_\_\_\_ exam only \_\_\_ CEU (DW/DS/WW02014138, 3.0 CEU) \* ABBREVIATED COURSE AND EXAM IS FOR THOSE HOLDING A FW&PCOA WATER DISTRIBUTION **CERTIFICATION - ATTACH COURSE COMPLETION CERTIFICATE.** NO ACTUAL EXPERIENCE OR QUALIFICATIONS ARE REQUIRED FOR CEU. EXAMS REQUIRE "HANDS-ON" EXPERIENCE: MUST BE VERY SPECIFIC TO RECLAIMED WATER DISTRIBUTION SYSTEM OPERATIONS. IF SPECIFIC JOB DUTIES ARE NOT LISTED, APPLICATION WILL BE **RETURNED.** Examples of specific job duties: Install reclaimed water mains, make taps, repair leaks, install/repair meters and services, etc. Use an additional sheet of paper if necessary. List all Employers where Reclaimed Water Distribution experience is gained. Phone number must be included Phone: ( ) Employer: Dates of Employment: Specific Job Duties: \_\_\_\_\_ Phone: (\_\_\_\_) Employer: Dates of Employment: Specific Job Duties:

#### LIST ALL FW&PCOA VOLUNTARY CERTIFICATIONS AND/OR FLORIDA LICENSES CURRENTLY HELD:

Certification/License Type:	Class:	Certificate #:	Date Issued:	
Certification/License Type:	Class:	Certificate #:	Date Issued:	
Certification/License Type:	Class:	Certificate #:	Date Issued:	
Certification/License Type:	Class:	Certificate #:	Date Issued:	

**TEXTBOOKS:** The FW&PCOA will provide textbooks to students taking both the course and certification exam.

**CERTIFICATION EXAMS:** The entry-level Class C, the intermediate level Class B, and the advanced level Class A exams will be given by the FW&PCOA Voluntary Certification Board on a specified examination date. The Board will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the class of certification being applied for. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

- <u>CLASS C:</u> (A) Must be at least 18 years of age. (B) **Must attach a copy of a high school diploma or equivalent.** (C) Must have accumulated at least 1 year (2,080 hours) of documented "Hands-On" experience in the field. (D) Must successfully complete the FW&PCOA Class C Technology training course. (E) Must pass the Class C written exam.
- CLASS B: (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class B Technology training course. (D) Must pass the Class B written exam.
- CLASS A: (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class A Technology training course. (D) Must pass the Class A exam.

**<u>REQUEST FOR AN ORAL EXAM</u>**: Applicants requesting an oral exam <u>must attach documentation</u> from a licensed medical practitioner that complies with the Americans with Disabilities Act (ADA). <u>Yes, I request an oral exam</u>.

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 FW&PCOA CERTIFICATIONS HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.

<u>SUPERVISOR'S VERIFICATION:</u> By signing this application form, I AFFIRM that I have reviewed this completed application and CERTIFY that, to the best of my knowledge, the information stated herein 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:

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

Applicant's Sig	gnature:	Date:		
FEES (Payable	e to FW&PCOA):			
Course & Exar Exam Only:	n, includes textbook:	+ -	55.00 00.00	
SEND Pages 1 ar	nd 2 of the completed application, with at	tachments, by one of th	e following methods:	
BY MAIL:	FW&PCOA Training Office	BY EMAIL:	fwpcoa@gmail.com	
4401 S Hopkins Ave, Ste 108 Titusville, Fl 32780-6679		BY FAX:	(321)383-9691	
				~

Reclaimed Water Distribution Application Page 2 of 2



### FW&PCOA **BACKFLOW REGISTRATION**

Location of School: 2024 Fall State Short				
School Address: Indian River State College	3209 Virginia Avenu	ie F	ort Pierce, FL 34	1981
* DEADLINE: Registration and fees m * Must Furnish Evidence of Having a F * Must Be At Least 18 Years of Age * Must hold a Backflow Tester Certifica * All exams, including Tester Recertifica	High School Diploma ation in order to app	or Equivalent	ow Repair cou	ırse
NAME:		LAST 4 DIGI	TS OF SS#:	
LICENSE #: LICENSE	E TYPE (circle one):	Drinking Water	Wastewater	Distribution
MAILING ADDRESS:				
EMPLOYER:		JOB TITLE:		
WORK PHONE:	FAX:			
EMAIL ADDRESS:				
PLEASE REGISTER ME FOR THE FOL	LOWING COURSE:			
BACKFLOW REPAIR:COURSE & EX	CAMEXAM	ONLYCEU	U (DW/DS/WW0	2014007, 2.4 CEU)
BACKFLOW REPAIR FEES (Payable to FW& \$355 FOR COURSE & EXAM OR CEU, \$100				
BACKFLOW TESTER:COURSE & EX	KAMEXAM	ONLYCEU	U (DW/DS/WW0	2014006, 3.2 CEU)
BACKFLOW TESTER RECERTIFICATION	TESTER CI	ERTIFICATE #		
BACKFLOW TESTER FEES (Payable to FW& \$425 FOR COURSE & EXAM OR CEU, \$100 \$115 RECERTIFICATION				
SEND completed application, with attachments	, by one of the following	methods:		
<b>BY MAIL</b> • FW&PCOA Training Office	BY EMAIL ·	fwncoa@gmail.cor	n	



### FACILITY MANAGEMENT COURSE **Registration Form**

Location of School: 2024 Fall State Short		te Short	Date/s of School: <u>August 7-10, 2024</u>			
School Address: Indian River State College		ate College	3209 Virginia Avenu	ie Fo	Fort Pierce, FL 34981	
	h a Copy of the Least 18 Year		High School Diplo	ma or Equivalent		
NAME: LAST 4 DIGITS OF SS#:						
LICENSE #: _		LICENSE T	YPE (circle one):	Drinking Water	Wastewater	Distribution
MAILING ADD	DRESS:					
		(House N	umber)	(Street/Av	ve)	(Apt.)
	(City)		(County)	(State)		(Zip)
EMAIL ADDR	RESS:					
WORK PHON	NE:		FA	X:		
EMPLOYER:				JOB TITLE:		
			TE LEVEL OF TRAI			
Module I:	course	CEU (I	DS/DW/WW02014012	2, 3.0 CEU)		
Applicant's Sign	nature:			Date:		
FFFS (Dowol	hla ta EW & DCOA	A). \$255				
<u>f LLS (f aya</u> i	ble to FW&PCOA	<u>x)</u> : \$355				
SEND compl	leted application,	with attachments	s, by one of the follow	ing methods:		
BY MAIL:	FW&PCOA Tra	0	BY EMAIL:	fwpcoa@gmail.com		
	4401 S Hopkins Titusville, FL 32		BY FAX:	(321) 383-9691		
	Titusville, FL 32	2780-6679	BY FAX:	(321) 383-9691		



### **VOLUNTARY CERTIFICATION APPLICATION FORM UTILITIES MAINTENANCE**

LOCATION OF SCHOOL: 2024	4 Fall State Short School	<u> </u>	E OF SCHOOL: <u>A</u> ı	igust 12-16	5, 2024
ADDRESS: Indian River State C	College 3209 Virgin	nia Avenue	Fo	rt Pierce,	FL 34981
<ul> <li>* THIS ORIGINAL APPLICATIO</li> <li>* THIS APPLICATION WILL BE IS NOT ATTACHED.</li> <li>* FORM MUST BE SIGNED BY Y</li> <li>* REGISTRATION MUST BE REG</li> </ul>	RETURNED IF THE ORI	GINAL IS NOT H ISOR.	PROVIDED AND ALL	NECESSA	
NAME:			Last 4 digits of	of SS#: _	
MAILING ADDRESS:	(House Number)	(Street/Av	e)		(Apt #)
(City)	(County)		(State)		(Zip)
Work Phone: ()		Fax: (	)		
Employer:		Job Title:			
Email Address:			License # (for	CEU): _	
PLACE AND "X" NEXT TO TH	IE APPROPRIATE LEV	VEL OF TRAIN	ING AND/OR EXA	<u>M</u> :	
Level III:Course & ExanLevel II:Course & ExanLevel I:Course & Exan	n Course Only	Exam ( Exam ( Exam (	Only*CEU	(DS/DW/V	VW02014057, 3.0 CEU) VW02014170, 3.0 CEU) VW02014226, 3.0 CEU)
NO ACTUAL EXPERIENCE	COR QUALIFICATIO	ONS ARE REQ	UIRED FOR CEU	J.	
EXAMS REQUIRE "HAN MAINTENANCE. IF SPE <u>RETURNED.</u> Qualification mechanical machinery, equip wastewater collection or wate	CIFIC JOB DUTIE ns include: Installation oment or systems used	<b>S ARE NOT</b> n, maintenance l in drinking w	LISTED, APPLI e, modification or vater or wastewate	CATION repair of r treatmen	N WILL BE electrical or nt plants or in
List all Employers where U	tilities Maintenance	experience is	gained. Phone n	umber n	nust be included
Employer:       Dates of Employment:       Specific Job Duties:					)
Employer:       Dates of Employment:       Specific Job Duties:			Phor		)

#### LIST ALL FW&PCOA VOLUNTARY CERTIFICATIONS AND FLORIDA LICENSES CURRENTLY HELD:

Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	_ Class:	_ Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:

**TEXTBOOKS:** The FW&PCOA will provide textbooks to students taking both the course and certification exam.

**<u>CERTIFICATION EXAMS</u>**: The entry Level III, the intermediate Level II, and advanced Level I exams will be given by the FW&PCOA Voluntary Certification Board on a specified examination date. The Board will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the class of certification being applied for. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

LEVEL III: (A) Must be at least 18 years of age. (B) Must attach a copy of a high school diploma or equivalent. (C) Must have accumulated at least 1 year (2,080 hours) of documented "Hands-On" experience in the field. (D) Must successfully complete the FW&PCOA Level III Technology training course. (E) Must pass the Level III written exam.

<u>LEVEL II:</u> (A) Must have an FW&PCOA Level III Certification. (B) Must have accumulated 3 years (6,240 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Level II Technology training course. (E) Must pass the Level II written exam.

<u>LEVEL I:</u> (A) Must have an FW&PCOA Level II Certification. (B) Must have accumulated 5 years (10,400 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Level I Technology training course. (E) Must pass the Level I written 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.

<u>SUPERVISOR'S VERIFICATION:</u> 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.

<u>APPLICANT'S VERIFICATION:</u> 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 and Exam \$355 Exam Only: \$100

SEND Pages 1 and 2 of the completed application, with attachments, by one of the following methods:

By Mail: FW&PCOA Training Office 4401 S Hopkins Ave, Ste 108 Titusville, Fl 32780-6679 By Email: fwpcoa@gmail.org



### **OPERATOR CONTINUING EDUCATION Registration Form**

Location of School: 2024 Fall	Da	Date/s of School <u>August 7-10, 2024</u>				
School Address: Indian River	3209 Virginia Aven	ue F	ort Pierce, FL 34	1981		
*DEADLINE: Registrati *Must Furnish Evidence *Must Be At Least 18 Ye *Course length is 4 days	of Having a H ears of Age	igh School Diploma		prior to the co	urse	
NAME:		LAST 4 DIGITS OF SS#:				
LICENSE #:	LICENSE	TYPE (circle one):	Drinking Water	Wastewater	Distribution	
MAILING ADDRESS:						
EMPLOYER:						
WORK PHONE:		FAX:				
EMAIL ADDRESS:						
PLEASE REGISTER ME	FOR THE FOL	LOWING COURSE:				
FIRST CHOICE						
SECOND CHOICE						
*Before we place you in yo	ur second choice	e, you will be notified				
FEES PAYABLE TO FW&	&PCOA: \$355					

#### SEND completed application, with attachments, by one of the following methods:

BY MAIL:	FW&PCOA Training Office	BY EMAIL:	fwpcoa@gmail.com
	4401 S Hopkins Ave, Ste 108		
	Titusville, FL 32780-6679	BY FAX:	(321) 383-9691