

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: OCU South Water	er Reclamation Facility Dat	te/s of School: 0	6/04-08/2018	
Address: 4760 W. Sand Lake Rd, Orla				
NAME:		Last 4 digit	s of SS#:	
MAILING ADDRESS:	(House Number)	(Sti	reet/Ave)	(Apt.)
		(
(City)	(County)	(Sta	<i>,</i>	(Zip)
Email Address:				
Work Phone: ()	Fax: ()			
Employer:	Job Title:			
PLACE AND "X" NEXT TO THE AP	PROPRIATE LEVEL OF TRAI	NING AND/OR	EXAM:	
Water Distribution Level 2: course &	course only	exam only*CEU (DW/DS02014038, 3.0 CEU's)exam only*CEU (DW/DS02014037, 3.0 CEU's)cexam only*CEU (DW/DS02014027, 3.0 CEU's)		2014037, 3.0 CEU's)
* YOU MUST ATTACH A COPY OF TECHNOLOGY TRAINING COU		FICATE FOR T	HE APPROPRIA	ATE LEVEL
STUDENTS ARE RESPONSIBL "Water Distribution System Operation Leadership Practices." Textbooks may	n and Maintenance." Level 1 will	also use "Manag		
Office of Water Programs, CSU - 6000 J Street Sacramento, CA 95819	·Sacramento	Phone: Fax:	1-916-278-6142 1-916-278-5959	
To receive a "Certificate-of-Completion LEVEL 3: (A) Must be at least 18 years Training course. (C) Must pass the Level LEVEL 2: (A) Must furnish evidence of Level 2 written exam with a score of 70% LEVEL 1: (A) Must furnish evidence of Level 1 written exam with a score of 70% Level 1 written exam written e	of age. (B) Must furnish evidence 3 written exam with a score of 70% having completed the FW&PCOA% or higher. Thaving completed the FW&PCOA	% or higher. Level 2 Technol	ogy training course	e. (B) Must pass the
Please note that while the FW&PCOA does not rec for Florida Department of Environmental Protectic approved institution. Contact the FDEP Operator O	on (FDEP) licensure must provide proof that	nt they hold a valid hig		
Request for an Oral Exam: Medical do attached. Please place an "X" below to i	ndicate your request for an oral exa	am.	s with Disabilities	Act (ADA) must be
YES: I request to take an	oral exam, documentation attached	1.		
Applicant's Signature:		Date:		
	ourse and exam or for course only (Indicate s and Non-members: \$80.00 for exam only		FW&PCOA Non-me	mbers: \$255.00 for course
	with original application and (all docume 723, email: terri.seligman-smith@ocfl.net	nts attached) to: Terr	i Seligman-Smith, 476	0 W. Sand Lake Rd,