



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

**REGION IV APPLICATION FORM
WASTEWATER COLLECTION**

June 5-9 2023 (Supv A Class)

LOCATION OF SCHOOL: Pinellas Park Utilities Region IV DATE OF SCHOOL: June 5-9 2023 (C- Class)

June 12-16th 2023 (B-Class)

ADDRESS: 6250-82nd Ave Pinellas Park, Fl 33781

- * THIS APPLICATION WILL BE RETURNED IF ALL NECESSARY DOCUMENTATION IS NOT ATTACHED. (SEE THE SECTION ON CERTIFICATION EXAMS ON PAGE 2 FOR THE REQUIRED ATTACHMENTS).
- * FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.
- * REGISTRATION MUST BE RECEIVED 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: () Cell: () 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: _____

Employer: _____ Phone: ()

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: _____

TEXT BOOKS: The FW&PCOA will provide textbooks for the C and B level course. Level A course will use "Manage for Success, Effective Utility Leadership Practices" (The most recent editions) and may be purchased from: Office of Water Programs, CSU – Sacramento, 6000 J Street, Sacramento, CA 95819, Phone: 1-916-278-6142 <http://www.owp.csus.edu/courses/catalog.php>

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. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

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: \$325.00 for course & exam or CEU (FW&PCOA Members indicate Region # _____). \$355.00 for course & exam or CEU (Non-Members). \$80.00 for Exam Only.

MAIL or Fees, payable to FW&PCOA Region IV, with original application and (with any necessary documents attached) to
EMAIL: jpfannes_fwpcoa@outlook.com **Jeff Pfannes 4494 61st lane N. Kenneth City, FL 33709**
Ph.# 727-686-2633