

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:Date/s of School:					ol:	
Addre	ss:					
NAME:Last 4 digits of SS#:						
MAIL	ING ADDRESS:					
	(I		e Number)		(Street/Ave)	(Apt.)
	((City)	(County)		(State)	(Zip)
Email A	Address:					
Work F	Phone: ()		Fax: ()			
Employ	er:		Job Title:			
PLAC:	E AND "X" NEXT	TO THE APPROPRI	ATE LEVEL OF T	RAINING ANI	O/OR EXAM:	
Water I	Distribution Level 2: _	tribution Level 3:course & examcourse onlyexam only*CEU (DW/DS02014221, 3.0 tribution Level 2:course & examcourse onlyexam only*CEU (DW/DS02014222, 3.0 tribution Level 1:course & examcourse onlyexam only*CEU (DW/DS02014223, 3.0 tribution Level 1:course & examcourse onlyexam only*CEU (DW/DS02014223, 3.0 tribution Level 1:course & examcourse onlyexam only*CEU (DW/DS02014223, 3.0 tribution Level 1:course & examcourse onlyexam only*CEU (DW/DS02014223, 3.0 tribution Level 1:course & examcourse onlyexam only*course onlyexam only*				02014222, 3.0 CEU's)
	es for the class.	ueu with the F Wi	COA Water Dis	iribution ma	nual at check in w	men is metuded n
LEVE	eive a "Certificate-o L 3: (A) Must be at long course. (C) Must p		B) Must furnish evider exam with a score of	nce of having co	ompleted the FW&PCC	OA Level 3 Technology
LEVE	L 2: (A) Must furnish	n evidence of having co	ompleted the FW&PC		chnology training cour	se. (B) Must pass the
LEVE	L 1: (A) Must furnish	score of 70% or higher a evidence of having co score of 70% or higher	ompleted the FW&PC	COA Level 1 Te	chnology training cour	se. (B) Must pass the
for Florid	da Department of Environ		censure must provide proo	f that they hold a v	ts water distribution operator alid high school diploma or	
Reques attache	st for an Oral Exam d. Please place an ">	: Medical documentati Y' below to indicate you	on that is in agreement our request for an oral	nt with the Ame exam.	ricans with Disabilities	Act (ADA) must be
	YES: I reque	est to take an oral exan	n, documentation attac	ched.		
Applicant's Signature:			Date:			
FEES:	FW&PCOA Members: \$375.00 for course and exam or for course only (Indicate Region #). Members and Non-members: \$100.00 for exam only.					
MAIL:					o: FW&PCOA Training Coo	