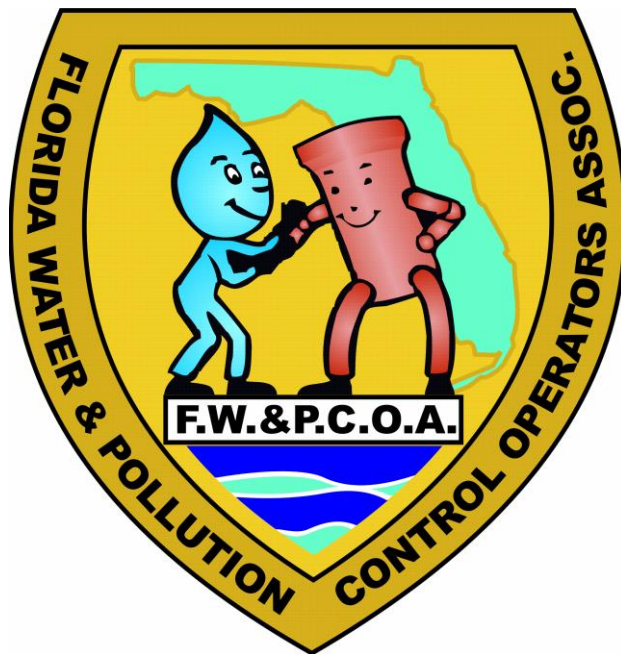


Florida Water & Pollution Control Operators Association



Spring
State Short School

March 11-15, 2024



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

Table of Contents

School Location.....	1
School Schedule	1
Indian River State College, Main Campus Map.....	2
Course Descriptions, Class Schedules, Tuition.....	3 – 5
School Registration	6
Area Hotels	7
On-the-Road Training Program	7

Appendix (Course Applications)

[Water Distribution](#)
[Wastewater Collection](#)
[Stormwater Management](#)
[Reclaimed Water Distribution](#)
[Utility Customer Relations](#)
[Backflow](#)
[Facility Management](#)
[Utilities Maintenance](#)
[Operator Continuing Education](#)

Note: Quick links to document pages are in [blue](#) text.

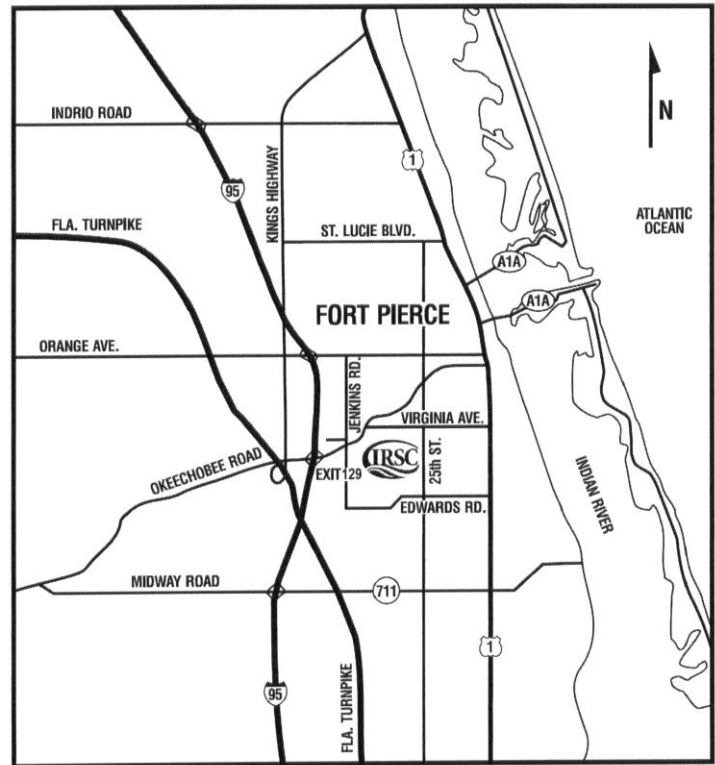


Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

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, March 11, 2024
8:00 a.m.

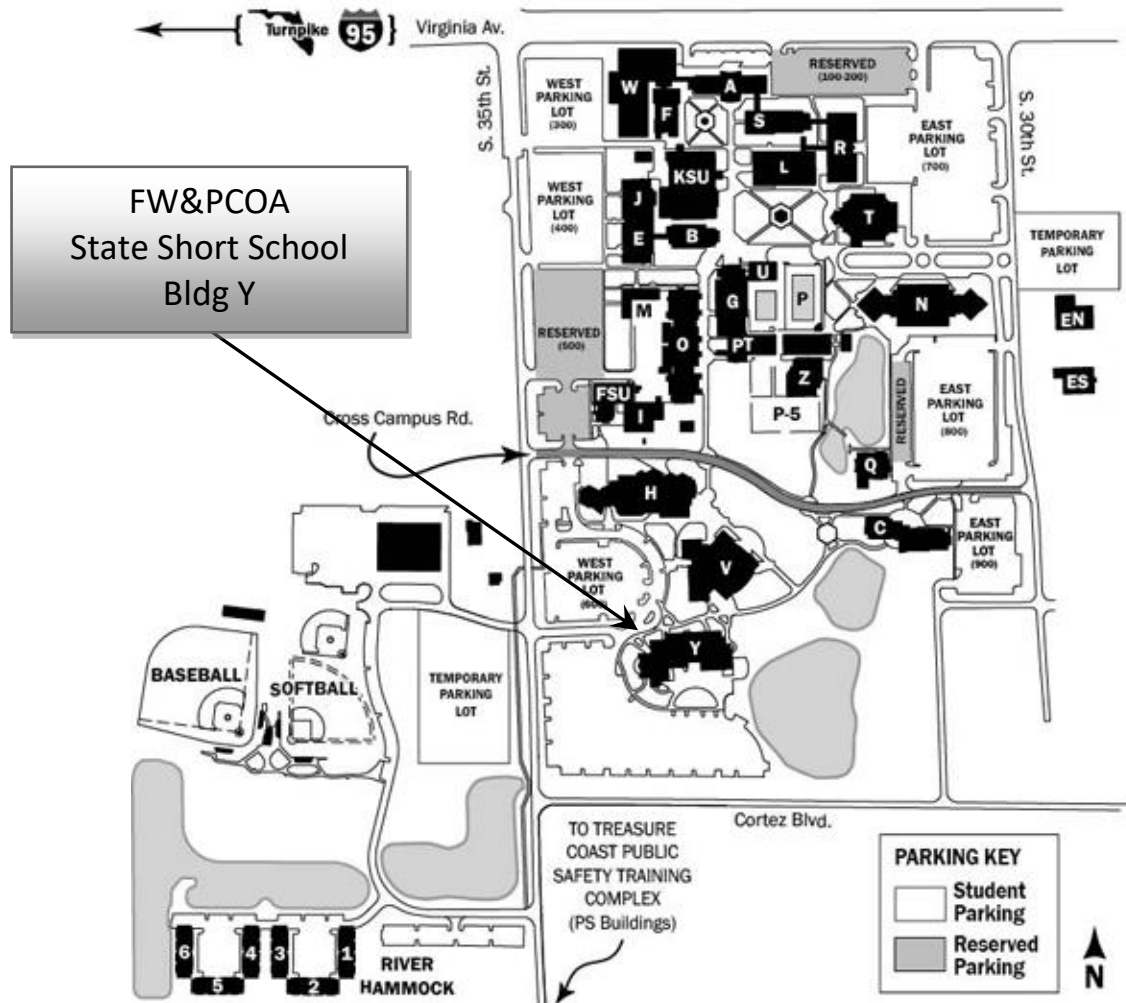
Classes: Monday – Thursday
8:00 a.m. – 4:30 p.m.

Friday
8:00 a.m. – 12:00 Noon



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

Indian River State College – Main Campus



- A** Ben L. Bryan, Sr. Administration Bldg.
- B** Business Development Center
- C** Tomeu Center for Career & Academic Advancement
- E** PNC Careers Building
- F** Administration Annex
- FSU** Smith Center for Medical Education
- G** Gymnasium
- H** Mary L. Fields Health Science Center
- I** Crime Lab
- J** Classroom Building
- KSU** Koblegard Student Union, Bookstore & Mailroom
- L** Miley Library and Academic Support Center (ASC)
- M** Print Shop
- N** Science Center/Hallstrom Planetarium
- O** Occupational building

- P** Anne Wilder Aquatic Complex
- PS** Tennis Courts
- PT** Physical Therapy
- Q** Radio Station - WQCS
- R** Classroom Building/Wynne Black Box Theatre
- S** Leroy C. Floyd Administrative Services Bldg.
- T** McAlpin Fine Arts Center
- U** Health & Wellness Center
- V** Kight Center for Emerging Technologies
- W** Crews Hall (Registration, Financial Aid, Student Services, Security)
- Y** Brown Center for Innovation and Entrepreneurship/Corporate & Community Training Institute (CCTI)
- EN** Institute of Cosmetology & Barbering
- ES** Child Development Center
- Z** Racquetball Courts



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

Courses ([Click Here for Program Descriptions](#))

Water Distribution Level 3, 2, 1 \$355/\$100*

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 \$355/\$100*

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 \$355/\$100*

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.

Note: Persons who have successfully completed an FW&PCOA Water 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.](#)

*FW&PCOA Members/Non-members/Re-exam



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

Courses ([Click Here for Program Descriptions](#))

Utility Customer Relations Level I, II, III \$355/\$100*

Our Voluntary Certification Program developed for Utility Customer Service Representatives. These courses are also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014029, DW/DS/WW02014030, DW/DS/WW02014031 – 3.0 CEU each).

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

[Click here for the course application.](#)

Backflow Tester \$425/\$100*

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 \$355/\$100*

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 \$115/---*

Our exam provided to recertify Backflow Prevention Assembly Testers.

Exam: Thu.

[Click here for the course application.](#)

Facility Management Module I \$355/---*

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.](#)

*FW&PCOA Members/Non-members/Re-exam



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

Courses ([Click Here for Program Descriptions](#))

Utilities Maintenance III & II **\$355/\$100***

This course is designed for utility maintenance personnel, such as plant and pump station mechanics and electricians. The Level III course covers pumps, motors, basic electrical, backflow and cross connection control, types of maintenance, valves, and safety. The Level II course covers pumping & hydraulics, electrical systems, lubrication, math, crane & hoist safety, and confined space awareness (DS/DW/WW02014057, DS/DW/WW02014170 – 3.0 CEU each).

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

[Click here for the course application.](#)

Wastewater Process Control **\$355/---***

A continuing education course developed for wastewater treatment process control (WW02014035 – 2.8 CEU).

Classes: Mon, Tue, Wed, Thu.

[Click here for the course application.](#)

Wastewater Troubleshooting **\$355/---***

A continuing education course developed for troubleshooting wastewater treatment processes (WW02014036 – 2.8 CEU).

Classes: Mon, Tue, Wed, Thu. [Click here for the course application.](#)

*FW&PCOA Members/Non-members/Re-exam



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

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
4401 S Hopkins Ave, Ste 108
Titusville, FL 32780-6679

By Email: training@fwpcoa.org

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: training@fwpcoa.org



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

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 Training@fwpcoa.org.



Florida Water & Pollution Control Operators Association
Spring State Short School
March 11-15, 2024

Appendix
(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 Spring State Short School Date/s of School: March 11-15, 2024

Address: Indian River State College 3209 Virginia Avenue Fort Pierce, FL 34981

NAME: _____ Last 4 digits of SS#: _____

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

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

Email Address: _____

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

Employer: _____ Job Title: _____

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

Water Distribution Level 3: ____ course & exam ____ course only ____ exam only ____ CEU (DW/DS02014221, 3.0 CEU's)
Water Distribution Level 2: ____ course & exam ____ course only ____ exam only ____ CEU (DW/DS02014222, 3.0 CEU's)
Water Distribution Level 1: ____ course & exam ____ course only ____ exam only ____ CEU (DW/DS02014223, 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.

Request for an Oral Exam: 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 & Exam, includes textbook:	\$355.00
Exam Only:	\$100.00

SEND the completed application 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.com
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
WASTEWATER COLLECTION

Location of School: 2024 Spring State Short School Date/s of School: March 11-15, 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 #)

(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: _____

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: _____

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.

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): \$355.00
Exam Only: \$100.00

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.com

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
STORMWATER MANAGEMENT**

Location of School: 2024 Spring State Short School Date/s of School: March 11-15, 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 (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 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:

Stormwater C:	_____ course & exam	_____ exam only	_____ CEU (DW/WW02014026, 3.0 CEU)
Stormwater B:	_____ course & exam	_____ exam only	_____ CEU (DW/WW02014025, 3.0 CEU)
Stormwater A:	_____ course & exam	_____ exam only	_____ CEU (DW/WW02014024, 3.0 CEU)

NO ACTUAL EXPERIENCE IS REQUIRED FOR CEU. STUDENTS MUST MEET ATTENDANCE REQUIREMENTS.

VOLUNTARY CERTIFICATION EXAMS REQUIRE "HANDS-ON" EXPERIENCE IN THE FIELD. THE DUTIES LISTED BELOW MUST BE SPECIFIC TO STORMWATER SYSTEM OPERATION OR THE APPLICATION WILL BE RETURNED.

List all employers where Stormwater experience is gained, starting with the most recent employer. The employer's phone number must be included. Use an additional sheet of paper if necessary.

Employer: _____ Phone: (____) _____

Dates of Employment: From _____ to _____

Specific Job Duties: _____

Employer: _____ Phone: (____) _____

Dates of Employment: From _____ to _____

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: _____

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.

CLASS C: (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 must attach documentation 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.

SUPERVISOR'S VERIFICATION: 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: _____

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: \$355.00
Exam Only: \$100.00

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.com

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 Spring State Short School DATE OF SCHOOL: March 11-15, 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 #)

(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:

Level C: ____ course & exam ____ 1 day course & exam* ____ exam only ____ 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

Employer: _____ Phone: (____) _____

Dates of Employment: _____

Specific Job Duties: _____

Employer: _____ Phone: (____) _____

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.

CLASS C: (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 must attach documentation 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.

SUPERVISOR'S VERIFICATION: 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: _____

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):

Full Course & Exam, includes textbook:	\$355	Abbreviated Course & Exam	\$155
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.com

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
UTILITY CUSTOMER RELATIONS**

Location of School: 2024 Spring State Short School Date/s of School: March 11-15, 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 #)

(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:

Specialist, Level I:	_____ course & exam	_____ exam only	_____ CEU (DW/DS/WW02014029, 3.0 CEU)
	_____ Completing Online Course		
Specialist, Level II:	_____ course & exam	_____ exam only	_____ CEU (DW/DS/WW02014030, 3.0 CEU)
Specialist, Level III:	_____ course & exam	_____ exam only	_____ CEU (DW/DS/WW02014031, 3.0 CEU)

NO ACTUAL EXPERIENCE OR QUALIFICATIONS ARE REQUIRED FOR CEU.

ACTUAL EXPERIENCE: Use an additional sheet of paper if necessary.

List all Employers where Customer Relations 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: _____

CERTIFICATION EXAMS: The advanced Level III, intermediate Level II and basic Level I 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:

LEVEL I: (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 Level I Technology training course. (E) Must pass the Level I written exam.
LEVEL II: (A) Must have an FW&PCOA Level I Certification. (B) Must have accumulated 2 years (4,160 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Level II Technology training course. (D) Must pass the Level II written exam.
LEVEL III: (A) Must have an FW&PCOA Level II 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 Level III Technology training course. (D) Must pass the Level III 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: \$355.00
Exam: \$100.00

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.com

BY FAX: (321) 383-9691



Florida Water & Pollution Control Operators Association

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

FW&PCOA BACKFLOW REGISTRATION

Location of School: 2024 Spring State Short School Date/s of School: March 11-15, 2024
Address: Indian River State College 3209 Virginia Avenue Fort Pierce, FL 34981

- * **DEADLINE:** Registration and fees must be received no later than 30 days prior to the exam
- * **Must Furnish Evidence of Having a High School Diploma or Equivalent**
- * **Must Be At Least 18 Years of Age**
- * **Must hold a Backflow Tester Certification in order to apply for the Backflow Repair course**
- * **All exams, including Tester Recertification, are provided on the last day of the course (Thursday)**

NAME: _____ LAST 4 DIGITS OF SS#: _____

LICENSE #: _____ LICENSE TYPE (circle one): Drinking Water Wastewater Distribution

MAILING ADDRESS: _____

EMPLOYER: _____ JOB TITLE: _____

WORK PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

PLEASE REGISTER ME FOR THE FOLLOWING COURSE:

BACKFLOW REPAIR: _____ COURSE & EXAM _____ EXAM ONLY _____ CEU (DW/DS/WW02014007, 2.4 CEU)

BACKFLOW REPAIR FEES (Payable to FW&PCOA):
\$355 FOR COURSE & EXAM OR CEU, \$100 FOR EXAM ONLY.

BACKFLOW TESTER: _____ COURSE & EXAM _____ EXAM ONLY _____ CEU (DW/DS/WW02014006, 3.2 CEU)

BACKFLOW TESTER RECERTIFICATION _____ TESTER CERTIFICATE # _____

BACKFLOW TESTER FEES (Payable to FW&PCOA):
\$425 FOR COURSE & EXAM OR CEU, \$100 FOR EXAM ONLY, \$115 FOR RECERTIFICATION

SEND 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.com

BY FAX: (321) 383-9691



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

FACILITY MANAGEMENT COURSE
Registration Form

Location of School: 2024 Spring State Short School Date/s of School: March 11-15, 2024

Address: Indian River State College 3209 Virginia Avenue Fort Pierce, FL 34981

* **Must Attach a Copy of the Applicant's High School Diploma or Equivalent.**

* **Must Be At Least 18 Years of Age.**

NAME: _____ LAST 4 DIGITS OF SS#: _____

LICENSE #: _____ LICENSE TYPE (circle one): **Drinking Water** **Wastewater** **Distribution**

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

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

EMAIL ADDRESS: _____

WORK PHONE: _____ FAX: _____

EMPLOYER: _____ JOB TITLE: _____

PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING

Module I: _____ course _____ CEU (DS/DW/WW02014012, 3.0 CEU)

Applicant's Signature: _____ Date: _____

FEES (Payable to FW&PCOA):

\$355 FOR COURSE (NO EXAM)

SEND 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.com

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 UTILITIES MAINTENANCE

LOCATION OF SCHOOL: 2024 Spring State Short School DATE OF SCHOOL: March 11-15, 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 #)

(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:

Level III: _____ Course & Exam _____ Course Only _____ Exam Only* _____ CEU (DS/DW/WW02014057, 3.0 CEU)
Level II: _____ Course & Exam _____ Course Only _____ Exam Only* _____ CEU (DS/DW/WW02014170, 3.0 CEU)

NO ACTUAL EXPERIENCE OR QUALIFICATIONS ARE REQUIRED FOR CEU.

EXAMS REQUIRE "HANDS-ON" EXPERIENCE: MUST BE VERY SPECIFIC TO UTILITIES MAINTENANCE. IF SPECIFIC JOB DUTIES ARE NOT LISTED, APPLICATION WILL BE RETURNED. Qualifications include: Installation, maintenance, modification or repair of electrical or mechanical machinery, equipment or systems used in drinking water or wastewater treatment plants or in wastewater collection or water distribution systems. **Use an additional sheet of paper if necessary.**

List all Employers where Utilities Maintenance 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 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.

CERTIFICATION EXAMS: The entry Level III and the intermediate Level II 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.

LEVEL II: (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. (D) Must pass the Level II 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.**

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:	\$355.00
Exam Only:	\$100.00

SEND 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.com

BY FAX: (321) 383-9691



Florida Water & Pollution Control Operators Association
A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida
OPERATOR CONTINUING EDUCATION
Registration Form

Location of School: 2024 Spring State Short School Date/s of School: March 11-15, 2024

Address: Indian River State College 3209 Virginia Avenue Fort Pierce, FL 34981

***DEADLINE:** Registration and fees must be received no later than 30 days prior to the course

***Must Furnish Evidence of Having a High School Diploma or Equivalent**

***Must Be At Least 18 Years of Age**

***Course length is 4 days - Monday through Thursday.**

NAME: _____ LAST 4 DIGITS OF SS#: _____

LICENSE #: _____ LICENSE TYPE (circle one): Drinking Water Wastewater Distribution

MAILING ADDRESS: _____

EMPLOYER: _____ JOB TITLE: _____

WORK PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

PLEASE REGISTER ME FOR THE FOLLOWING COURSE:

FIRST CHOICE _____

SECOND CHOICE _____

***Before we place you in your second choice, you will be notified.**

FEES PAYABLE TO FW&PCOA

\$355 FOR COURSE (NO EXAM)

SEND 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.com

BY FAX: (321) 383-9691