



**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 Level III**

- \* THIS APPLICATION WILL BE RETURNED IF ALL NECESSARY DOCUMENTATION IS NOT ATTACHED.
- \* FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.
- \* REGISTRATION MUST BE RECEIVED NO LATER THAN 30 DAYS PRIOR TO SCHOOL.

**LOCATION:** Pinellas Technical College, Region IV

**DATE:** June 6 – 10, 2022

**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:**

**Level III:** \_\_\_\_\_ Course & Exam \_\_\_\_\_ Course Only \_\_\_\_\_ Exam Only\* \_\_\_\_\_ CEU (DS/DW/WW02014057, 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: \_\_\_\_\_  
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**TEXTBOOKS:** The FW&PCOA will provide textbooks to students taking both the course and certification exam.

**CERTIFICATION EXAMS:** The entry Level III exam 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.

**\*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:** Members \$325.00 for course & exam or CEU (Please indicate Region # \_\_\_\_\_). Non-Members \$355  
Exam Only \$80.00.

**MAIL or** Fees payable to FW&PCOA Region IV, (with any necessary documents attached) to:  
**Email:** RAY BORDNER, FW&PCOA REGION IV, 7473 CEDAR ST NE, ST PETERSBURG, FLORIDA 33702. (727)798-3969  
[h2oboy2@juno.com](mailto:h2oboy2@juno.com)