

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 II

- * 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.

| NAME: | Last 4 digits of SS#: | | | | |
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| MAILING ADDRESS: | (House Number) | (Street/Ave) | | (Apt #) | |
| | (110 ase 1 amout) | (546611116) | | (*****) | |
| (City) | (County) | | (State) | (Zip) | |
| Work Phone: () | Cell: () |) | _ Fax: ()_ | | |
| Employer: | | _ Job Title: | | | |
| Email Address: | License # (for CEU): | | | | |
| PLACE AND "X" NEXT TO | O THE APPROPRIATE LEVI | EL OF TRAINING A | ND/OR EXAM: | | |
| Level II: Course & I | Exam Course Only | Exam Only* | CEU (DS/D | W/WW02014057, 3.0 CEU) | |
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| NO ACTUAL EXPERIEN | NCE OR QUALIFICATION | NS ARE REQUIRE | D FOR CEU. | | |
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| LIST ALL | FW&PCOA VOLUNTA | RY CERTIFICATIONS | S AND FLORIDA LICI | ENSES CURRENTLY HELD: |
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| Certification | Type: | Class: | Certificate #: | Date Issued: |
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| Certification | Type: | Class: | Certificate #: | Date Issued: |
| TEXTBOO | KS: The FW&PCOA will | provide textbooks to stud | lents taking both the cou | rse and certification exam. |
| specified exqualification | amination date. The B | oard will issue a Volun | tary Certification when | &PCOA Voluntary Certification Board on a the applicant satisfies all of the following es the right to deny access to the certification |
| LEVEL II: | | in the field. (C) Must s | | rumulated 3 years (6,240 hrs.) of documented are FW&PCOA Level II Technology training |
| | or an Oral Exam: Medica YES: I reques | | | nericans with Disabilities Act (ADA) must be |
| THE SUS EITHER SUPERV completed | SPENSION OR REVEARTY EXECUTING ISOR'S VERIFICATE I form and CERTIF | OCATION OF ANY NG THIS DOCUME PROPERTY IN THE | Y AND ALL EXIST NT. is application form of my knowledge i | RING THAT COULD RESULT IN TING CERTIFICATION HELD BY I AFFIRM that I have reviewed the t is true, complete and accurate. I FW&PCOA Voluntary Certification |
| Superviso | or's Signature: | | | Title: |
| Printed N | ame: | | | Phone: |
| | ANT'S VERIFICAT in this application is | | | orm, I certify that the information |
| Applicant | t's Signature: | | | Date: |
| | embers \$325.00 for course am Only \$80.00 | & exam or CEU (Please | indicate Region # |). Non-Members \$355 |
| MAIL or | | | | any necessary documents attached) to: RAY |

h2oboy2@juno.com