BOARD OF CERTIFICATION OF OPERATING PERSONNEL
IN WASTEWATER TREATMENT FACILITIES

RECIPROCITY CERTIFICATION APPLICATION

When completed, mail to:	**DO NOT WRITE IN THIS BLOCK**
Board of Certification of Operating Personnel in Wastewater Facilities Wastewater Branch State Department of Health 919 Ala Moana Blvd., Room 309 Honolulu, HI 96814	Date received: _____ Processing fee: $_____Date:_____ Date approved:_____ Certificate.fee: $_____ Date: _____ Date mailed & posted: _____ Comments:

_____
Last Name (please print) First Name M.I.

_____
Street Address City and State Zip Code

_____
Home Phone Number Business Phone Number

PROCESSING FEE: $25.00. Please make check or money order payable to the State of Hawaii.

Check appropriate grade level requesting	Grade 1	Grade 2	Grade 3	Grade 4

IMPORTANT: Please submit the following documentation.

1. **Copy of valid/current certificate.**
2. **Letter verifying application of employment in the State of Hawaii.**
3. **Verification from issuing Board that a written examination was required for certification.**
4. **Submit current copy of wastewater operator certification rules or regulations applying to Item No. 1.**

WORK EXPERIENCE

		OPERATOR EXPERIENCE			
		MO/DAY/YEAR		CUMULATIVE	
PLANT NAME	PLANT TYPE	FROM	TO	YEARS	MONTHS
			TOTAL		

Signature _____ Date _____