

**BOARD OF CERTIFICATION OF OPERATING PERSONNEL  
IN WASTEWATER TREATMENT FACILITIES**

**RECIPROCITY CERTIFICATION APPLICATION**

When completed, mail to:  State Of Hawaii Waste Water Branch 2827 Waimano Home Rd #207 Pearl City, HI 96782	<p align="center"><b><u>DO NOT WRITE IN THIS BLOCK</u></b></p> Date received: _____ Processing fee: \$ _____ Date: _____ Date approved: _____ Certificate fee: \$ _____ Date: _____ Date mailed & posted: _____ Comments: _____
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Last Name (please print)	First Name	M.I.
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Street Address	City and State	Zip Code
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Home Phone Number	Business Phone Number
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**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
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**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**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_