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

## **RECIPROCITY CERTIFICATION APPLICATION**

Pearl City, HI 96782 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 Email							
PROCESSING FEE: \$25.00. Please make check or money order payable to the <u>State of Hawaii</u> .							
Check appropriate grade level Grade 1 Grade 2 Grade 3 Grade requesting	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	ТО	YEARS	MONTHS
			TOTAL		
				_	

	1 0 11 12	
Signature	_ Date _	