

State of Alabama Water and Wastewater Reciprocal Application

ADEM USE ONLY							
ApprovedRejected							
Reviewed By							
Applicant #							

ADEM Form No. 507 11/06 m1.1

]	Please read instr	uctions befor	e comp	pleting th	is applica	ation.	
SPECIFY THE GRADI	E THAT IS EQU	IVALENT T	O YO	UR CUR	RENT C	LASSIFI	CATION: (circle only on
WATER GRADE			I	II	III	IV	
WASTEWATER GRADE			I	II	III	IV	
APPLICANT INFORMA Mr. ()	TION:						
ame: Ms. ()							
Mrs. () (First)		(Middle)			(Last)		(Jr.,Sr., III, etc.)
(First)		(Wilduic)			(Last)		(31.,51., 111, ctc.)
ddress:							
(Number	and Street)					(Ho	ome Telephone)
(City)	(State)	(Zip)				(Work Te	elephone)
-mail address							
EMPLOYED BY: (List A	labama facilities o	only)					
Water System PWSID#				Wast	ewater Sy	stem NP	DES#
,					,		
Not Presently Employed	by a Water or Wa	stewater Syst	em in A	Alabama:		_	
HIGH SCHOOL DIPLO	OMA:						
School and Year of Grade	uation:						
If GED, List Date Receiv	ed:						
CURRENT LEVELS O	F CERTIFICAT	TION HELD:	: (Atta	ch copy o	f out-of-s	tate certifi	ication)
WATER			Exni	ration D	ate		State
			p				
WASTEWATER _			Exni	ration D	ate		State
**************************************			AP	. auon D			

6. EXPERIENCE: (If your experience record is from more than two plants/systems p and submit as needed)	lease copy this portion of the application		
Plant or System:	NPDES / PWSID #		
Address:			
System Grade/Level: Dates of Employment: From : (month and year)	To: (month and year)		
Total Months: Full Time \(\Boxed{\text{Part Time }} \)	(month and your)		
Number of Hours Per Week:			
Duties and Responsibilities:			
(Attach additional sheet if needed.)			
Plant or System:	NPDES / PWSID #		
Address:			
	To:		
System Grade/Level: Dates of Employment: From : (month and year) Total Months: Full Time Part Time	(month and year)		
Number of Hours Per Week:			
Duties and Responsibilities:			
(Attach additional sheet if needed.)			
7. APPLICATION VERIFICATION:			
I, the undersigned, do hereby affirm and swear, under oath, that I am the said mation contained in this application are true and correct to the best of my knowledg statements or supporting data may result in denial of this application or suspension/rer I understand that it is my responsibility to provide documentation upon request of any material to reflect any material change in circumstances which may affect my eligibility.	e and belief. I understand that falsification of vocation of any certificate I may hold. Further, v claims on this form and provide supplemental		
Signature of Applicant:			
Date signed:			
NOTICE			
Please be sure that you have completed this application in its entirety. An application tification fee (Checks or money orders only). See the current Fee Schedule for the accepted. Information recorded on this form will be verified by contacting the certificate is held. Separate applications are required for dual water/wastewater certificate.	correct fee amount. Faxed applications are not cation authorities in the state where current cer-		

Operator Certification Program
ADEM
Post Office Box 301463
Montgomery, Alabama 36130-1463

Visit our website at www.adem.alabama.gov