

## STATEMENT OF QUALIFICATIONS

This form is to be completed by each applicant. This information is needed to determine your status as a certified operator. All related wastewater field experience must be submitted on this form and any additional information may also be submitted separately, but in similar form.

STATE, COUNTRY, OR PROVINCE WHERE CERTIFIED	CERTIFICATION DATE	CERTIFICATION #	GRADE/LEVEL	STATUS

EDUCATION	INSTITUTION and ADDRESS	YEARS ATTENDED	DEGREE GRANTED	STUDIES
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**HIGH SCHOOL:**

**COLLEGE:**

**UNIVERSITY:**

**OTHER:**

COURSE TITLES	INSTITUTION and ADDRESS	Month/Day/Year - Month/Day/Year	TOTAL HOURS
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1.

2.

3.

4.

List only those jobs which have been in the wastewater treatment field. Describe specific duties (responsibilities) performed in the job title indicated. Please use the same format on a separate sheet if you need more space.

CURRENT EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)
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**OPERATIONS:** (Records, reports, equipment operating, sludge handling, process control functions, etc.)

**MAINTENANCE:** (Pumps, level controls, chlorination, etc.)

**LABORATORY PROCEDURE:** (Process control and regulatory testing)

**COLLECTION OR DISTRIBUTION:** (Operation and maintenance procedures)

PREVIOUS EMPLOYER NAME and ADDRESS, FACILITY GRADE, JOB TITLE, EMPLOYMENT DATES Month(s)/Year(s)
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