



# State of Louisiana

Department of Health and Hospitals  
Office of Public Health

## APPLICATION FOR OPERATOR CERTIFICATION EXAMS

NOTICE: COMPLETE APPLICATIONS MUST BE TURNED IN 30 DAYS PRIOR TO EXAM

### 1. PERSONAL DATA (please print or type)

Full Name \_\_\_\_\_  
 Last First Middle

Social Security # or Operator ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
 Number Street City State ZIP

Name of Employer \_\_\_\_\_ Parish \_\_\_\_\_

Place of Employment \_\_\_\_\_  
 Number Street City State ZIP

Name of Plant(s) Water and/or Sewage \_\_\_\_\_ Work Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Fax # \_\_\_\_\_

### Complete for All Exams, Exam Date and Location: \_\_\_\_\_

Location of the 32 or 40 hr Operator Certification Review Course: \_\_\_\_\_ Date Course Attended: \_\_\_\_\_ No. \_\_\_\_\_

Location of the 32 or 40 hr Operator Certification Review Course: \_\_\_\_\_ Date Course Attended: \_\_\_\_\_ No. \_\_\_\_\_

Instructor or Training Agency: \_\_\_\_\_

Mail to LDH/OPH/Operator Certification P.O. Box 4489, Bin #10, Box #6 - Baton Rouge, Louisiana 70821-4489

### 2. EXAMINATIONS REQUESTED

\* Examination Fees are \$5.00 per exam

(CHECK EACH EXAM TO BE TAKEN)

Class 1 Water Production	Class 2 Water Production	Class 3 Water Production	Class 4 Water Production
Class 1 Water Distribution	Class 2 Water Distribution	Class 3 Water Distribution	Class 4 Water Distribution
Class 1 Water Treatment	Class 2 Water Treatment	Class 3 Water Treatment	Class 4 Water Treatment
Class 1 Wastewater Collection	Class 2 Wastewater Collection	Class 3 Wastewater Collection	Class 4 Wastewater Collection
Class 1 Wastewater Treatment	Class 2 Wastewater Treatment	Class 3 Wastewater Treatment	Class 4 Wastewater Treatment

FIRST EXAM REQUESTED \_\_\_\_\_

### 3. CURRENT CERTIFICATIONS (Water and/or Wastewater) List all by class and type.

### 4. YEARS OF FORMAL EDUCATION:

- a. Did you receive a high school diploma or equivalent certificate (GED)? YES ( ) NO ( )
- b. Name and address of high school (include month/year diploma or GED received).

c. College or University (include name & location of college, dates attended (from-to), credit hours, (semester & quarter hours), degree received.

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d. Other schools attended (include business, trade, military, etc.). Be sure to include name and address of each school, dates attended (month and year), type of course, and diploma or certificates received. If no diploma or certificate, indicate whether or not you completed the course. Indicate total number of classroom hours for completed courses.

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**5. WATER AND/OR WASTEWATER WORK EXPERIENCE:**

**EMPLOYMENT: CURRENT JOB**

Date of employment (include month, day, and year) \_\_\_\_\_ to Present  
Type of Plant \_\_\_\_\_ Title of your position \_\_\_\_\_  
Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Name and Title of immediate supervisor \_\_\_\_\_  
Total hours worked per week \_\_\_\_\_  
Number and Title of employees you supervised (use separate sheet if necessary) \_\_\_\_\_

**Describe your water and/or wastewater work in detail:** \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYMENT (Include month, day, and year) \_\_\_\_\_ to \_\_\_\_\_

Type of Plant \_\_\_\_\_ Title of your position \_\_\_\_\_  
Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Name and Title of immediate supervisor \_\_\_\_\_  
Total hours worked per week \_\_\_\_\_  
Number and Title of employees you supervised (use separate sheet if necessary) \_\_\_\_\_

**Describe your water and/or wastewater work in detail:** \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYMENT (Include month, day, and year) \_\_\_\_\_ to \_\_\_\_\_

Type of Plant \_\_\_\_\_ Title of your position \_\_\_\_\_  
Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Name and Title of immediate supervisor \_\_\_\_\_  
Total hours worked per week \_\_\_\_\_  
Number and Title of employees you supervised (use separate sheet if necessary) \_\_\_\_\_

**Describe your water and/or wastewater work in detail:** \_\_\_\_\_  
\_\_\_\_\_

Note: If more space is needed, use a separate sheet of paper of the same size as this application.

I certify that the foregoing data is correct to the best of my knowledge, and in completion this application, do hereby agree to take the required examinations at the time and place designated by the Committee of Certification for Water and Sewerage Works Operators. Any false or erroneous information may be cause for disapproval of this application and / or loss of all certifications.

\_\_\_\_\_  
Date Printed Name Signature Of Applicant