

John Bel Edwards  
GOVERNOR



Dr. Courtney N. Phillips  
SECRETARY

**State of Louisiana**  
**Louisiana Department of Health**  
**Office of Public Health**

Engineering Services-Operator Certification Program

**Application for Operator Certification Exams**

Notice: Completed applications must be turned in 30 days prior to exam

**1. PERSONAL DATA** (please print or type and complete all sections)

Full Name: \_\_\_\_\_  
Last First Middle  
Social Security # or Operator ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Number Street City State Zip Code  
Name of Employer: \_\_\_\_\_ Parish: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Number Street City State Zip Code  
Name of Plant(s) Water and/or Sewage: \_\_\_\_\_ Work #: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work Fax #: \_\_\_\_\_

**Exam Date and Location Requested** \_\_\_\_\_  
Location of the 32 or 40 hr. Operator Certification Review Course \_\_\_\_\_ Date Attended \_\_\_\_\_  
Instructor or Training Agency \_\_\_\_\_ Course Approval No. \_\_\_\_\_  
Mail to LDH/OPH/Operator Certification P.O. Box 4489, Bin #10, Box #6 - Baton Rouge, Louisiana 70821-4489

**2. EXAMINATIONS REQUESTED** (CHECK EACH EXAM TO BE TAKEN) \* Examination Fees are \$5.00 per exam

- 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

**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. \_\_\_\_\_

Bienville Building • P.O. Box 4489 Bin #10 Box #6 • Baton Rouge, LA 70821-4489  
Phone #: 225/342-7508 • Fax #: 225/342-7494

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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**

**CURRENT EMPLOYMENT:** Start Date (include month, day, and year) \_\_\_\_/\_\_\_\_/\_\_\_\_ to **PRESENT**

Type of Plant \_\_\_\_\_ Title of your position \_\_\_\_\_  
Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
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 &/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 Code \_\_\_\_\_  
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 &/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 Code \_\_\_\_\_  
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 &/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