

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

Operator Certification through Reciprocity Packet

Dear Operator:

In order to receive Water and/or Wastewater certification by reciprocity in the State of Louisiana you must:

- A. Complete the enclosed application.
- B. Return the completed application to:

Committee of Certification
P.O. Box 4489
Bin #10 / Box #6
Baton Rouge, LA 70821-4489

- C. Send the enclosed Certification Verification letter to the State Certification Officer in the state that you are currently certified. The Certification Officer will complete the form and return it directly to:

Thomas Walton
LDH/OPH
P.O. Box 4489
Bin #10 / Box #6
Baton Rouge, LA 70821-4489

Once these items are received, the above information will be reviewed and if found to be qualified, we will forward you an Application for Certification. This application must be completed and submitted with appropriate fees to the above address.

If you have any questions regarding this matter, please do not hesitate to contact me at 225-342-7512.

Sincerely,

Thomas Walton
Administrator
Operator Certification Program

John Bel Edwards
GOVERNOR



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Application for Operator Certification through Reciprocity (4 pages)

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

Full Name: _____
Last First Middle

Social Security No. or Operator ID No.: _____ Date of Birth: _____

Mailing 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: _____ Daytime Phone No.: _____

2. CURRENT CERTIFICATIONS (Water and/or Wastewater) List all by class, type and State issued.

3. YEARS OF FORMAL EDUCATION: _____ + _____ + _____ = _____
Grade School High School College Total Years

- 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). Please include copy of diploma or GED. _____

- c. College or University (include name & location of college, dates attended (from-to), credit hours, degree received. Please include copy of transcripts or diploma. _____

- 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.

4. 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 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: _____

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 certification.

Signature of Applicant _____ Date _____

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Certification Verification – Request for Reciprocity

The applicant named below has applied for Water and/or Wastewater Certification through reciprocity in the State of Louisiana. Please assist us in this matter by completing this form and returning it to the following address:

Thomas Walton, Administrator
LD/OPH - Operator Certification
P.O. Box 4489
Bin #10 / Box # 6
Baton Rouge, LA 70821-4489

Name of Applicant: _____

Mailing Address: _____
Number Street City State Zip

List valid certification held by this applicant in your state: _____

Was applicant required to pass an exam(s) in order to receive certification? _____

Are these certifications renewable? _____ What is the expiration date? _____

Does your state grant reciprocity to certified operators from Louisiana? _____

State Certification Officer Information:

Name: _____ Phone number: _____ E-mail Address: _____

Mailing Address: _____
Number Street City State Zip

I hereby certify that on this date, ____ / ____ / ____, the above named applicant was a Certified Operator in good standing in the state of _____.

Signature of State Certification Officer