



**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services-Operator Certification

**APPLICATION FOR OPERATOR CERTIFICATION THROUGH RECIPROCITY**

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

**FILL IN COMPLETELY!**

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

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

Mailing 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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 &/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 &/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 &/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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Of Applicant's Supervisor



**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services-Operator Certification

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  
LA DHH/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. Thank you.

Sincerely,

Thomas Walton  
Administrator  
Operator Certification Program



# State of Louisiana

Department of Health and Hospitals  
Office of Public Health  
Engineering Services-Operator Certification

## 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**  
**LA DHH/OPH - Operator Certification**  
**P.O. Box 4489**  
**Bin #10 / Box # 6**  
**Baton Rouge, LA 70821-4489**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List valid certification held by this applicant in you 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? \_\_\_\_\_

Name of your state's Certification Officer? \_\_\_\_\_

Certification Officer Contact Information:

Phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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