



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

**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 [opcert@la.gov](mailto:opcert@la.gov) Attention: Reciprocity
- C. Send the enclosed Certification Verification letter to the State Certification Officer in the state that you are currently certified. The Certification Officer must complete the form and return it directly to: [opcert@la.gov](mailto:opcert@la.gov) Attention: Reciprocity

Once these items are received, the above information will be reviewed and if found to be qualified, will inform you the determination and request that you apply for the approved license(s). This application must be completed and submitted with appropriate fees.

If you have any questions regarding this matter, please do not hesitate to contact me at [opcert@la.gov](mailto:opcert@la.gov) Attention: Reciprocity or 225-342-7512.

Sincerely,

Esteban "Stone" Gonzalez  
Administrator  
Operator Certification Program



# Operator Certification Reciprocity Application (Continued)

## 4. WATER AND/OR WASTEWATER EXPERIENCE

**Current Employment** Start Date (Month/Year) \_\_\_\_\_ To: **PRESENT**  
Type of Plant: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Total hours worked per week: \_\_\_\_\_  
Are you a Supervisor?:  Yes  No  
Describe your water/wastewater work in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment** Start Date (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_  
Type of Plant: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Total hours worked per week: \_\_\_\_\_  
Are you a Supervisor?:  Yes  No  
Describe your water/wastewater work in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment** Start Date (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_  
Type of Plant: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Total hours worked per week: \_\_\_\_\_  
Are you a Supervisor?:  Yes  No  
Describe your water/wastewater work in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed, attach additional sheets to this application

## 5. SIGNATURE

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



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

**Reciprocity Request – Certification Verification**

The applicant named below has applied for Water and/or Wastewater Operator Certification through reciprocity in the State of Louisiana. Please assist us in this matter by completing this form and returning it to [opcert@la.gov](mailto:opcert@la.gov)  
Attention: Reciprocity.

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

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

List valid certification held by this applicant in your state: \_\_\_\_\_

Was applicant required to pass an exam(s) in order to receive certification?  Yes  No

Are these certifications renewable?  Yes  No

What is the expiration date of the listed certifications? \_\_\_\_\_

Does your state grant reciprocity to certified operators from Louisiana?  Yes  No

**State Certification Officer Information:**

Name: \_\_\_\_\_ 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

\_\_\_\_\_  
Date