



Florida Water & Pollution Control Operators Association
A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida
FW&PCOA RECLAIMED WATER FIELD INSPECTOR
Voluntary Certification Registration Form

LOCATION OF SCHOOL _____ DATE OF SCHOOL _____

ADDRESS: _____

***DEADLINE: Registration and fees must be received no later than 30 days prior to the exam**

***Must Furnish Evidence of Having a High School Diploma or Equivalent**

***Must Be At Least 18 Years of Age**

NAME: _____ LAST 4 DIGITS OF SS#: _____

LICENSE #: _____ LICENSE TYPE (circle one): Drinking Water Wastewater Distribution

MAILING ADDRESS: _____

EMPLOYER: _____ JOB TITLE: _____

WORK PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

FEES PAYABLE TO FW&PCOA

\$425.00 Members

\$100.00 Exam only

FEES PAYABLE TO FW&PCOA

MAIL FORM & FEES TO:

FW&PCOA Training Office
4401 S Hopkins Ave., Ste 108
Titusville, FL 32780-6679
Phone: (321) 383-9690
Fax: (321) 383-9691
Email: fwpcoa@gmail.com

Credit Card Type (Circle): Visa MasterCard American Express

Name as it appears on card: _____

Credit Card #: _____

Expiration Date: _____

Total Amount: _____ CVC#: _____

Billing Address: _____
