



Florida Water & Pollution Control Operators Association

A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

VOLUNTARY CERTIFICATION APPLICATION FORM REGION 7 UTILITIES MAINTENANCE III COURSE

LOCATION OF SCHOOL: City of Pompano Beach Water Treatment Plant DATES OF COURSE: October 17 – 21, 2016

ADDRESS: 1205 NE 5th Avenue, Pompano Beach, FL 33060

- * THE APPLICATION MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.
- * SEND A COPY OF YOUR HIGH SCHOOL DIPLOMA OR EQUIVALENT WITH THE APPLICATION.
- * THE COMPLETED APPLICATION MUST BE SENT TO REGION 7 – SEE THE SECOND PAGE – AND RECEIVED BY THE REGION **NO LATER THAN OCTOBER 3, 2016.**

NAME: _____ Last 4 digits of SS#: _____

MAILING ADDRESS: _____
(House Number) (Street/Ave) (Apt #)

(City) (County) (State) (Zip)

Work Phone: () _____ Fax: () _____

Employer: _____ Job Title: _____

Email Address: _____ License # for CEU: _____

CERTIFICATION REQUIRES “HANDS-ON” EXPERIENCE THAT IS SPECIFIC TO UTILITIES MAINTENANCE. IF SPECIFIC JOB DUTIES ARE NOT LISTED, APPLICATION WILL BE RETURNED. Qualifications include: Installation, maintenance, modification or repair of electrical or mechanical machinery, equipment or systems used in drinking water or wastewater treatment plants or in wastewater collection or water distribution systems. **Use an additional sheet of paper if necessary.**

List all Employers where Utilities Maintenance experience is gained. Phone number must be included

Employer: _____ Phone: () _____

Dates of Employment: From: _____ To: _____

Specific Job Duties: _____

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Dates of Employment: From: _____ To: _____

Specific Job Duties: _____

LIST ALL FW&PCOA VOLUNTARY CERTIFICATIONS AND FLORIDA LICENSES CURRENTLY HELD:

Certification Type: _____ Class: _____ Certificate #: _____ Date Issued: _____

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TEXTBOOKS: The FW&PCOA will provide textbooks to students taking the certification course.

CERTIFICATION EXAMS: The Level III exam will be given by the FW&PCOA Voluntary Certification Board on a specified examination date. The Board will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the class of certification being applied for. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

LEVEL III: (A) Must be at least 18 years of age. (B) **Must attach a copy of a high school diploma or equivalent.** (C) Must have accumulated at least 1 year (2,080 hours) of documented "Hands-On" experience in the field. (D) Must successfully complete the FW&PCOA Level III Technology training course. (E) Must pass the Level III written exam.

***Request for an Oral Exam:** Medical documentation that is in agreement with the Americans with Disabilities Act (ADA) must be provided. _____ **YES:** I request to take an oral exam, documentation is attached.

***NOTE: FALSE OR INCORRECT INFORMATION PROVIDED ON THIS APPLICATION FORM AND ACKNOWLEDGED AS BEING TRUE AND CORRECT BY THE SUPERVISOR AND APPLICANT SIGNATURES WILL RESULT IN AN ETHICS HEARING THAT COULD RESULT IN THE SUSPENSION OR REVOCATION OF ANY AND ALL EXISTING CERTIFICATION HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.**

SUPERVISOR'S VERIFICATION: By signing this application form I AFFIRM that I have reviewed the completed form and CERTIFY that to the best of my knowledge it is true, complete and accurate. I recommend that the applicant be considered for certification by the FW&PCOA Voluntary Certification Board.

Supervisor's Signature: _____ Title: _____

Printed Name: _____ Phone: _____

APPLICANT'S VERIFICATION: By signing this application form, I certify that the information contained in this application is true, complete and accurate.

Applicant's Signature: _____ Date: _____

FEES (Payable to FW&PCOA Region 7):

FW&PCOA Member: \$260.00 **Non-Member:** \$290.00

CHECK ONE: _____ Payment made on-line at www.fwpcoa.org

_____ Payment enclosed or attached

(Credit card charge authorization form attached for your convenience)

SEND completed application, with attachments, by one of the following methods:

BY MAIL: FW&PCOA Region 7

PO Box 813520

Hollywood, FL 33081-3520

BY EMAIL: 07-treasurer@fwpcoa.org

BY FAX: (321) 383-9691

For additional information, contact Region 7 Treasurer Tim McVeigh at (954) 683-1432 or 07-treasurer@fwpcoa.org



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CREDIT CARD AUTHORIZATION FORM

FW&PCOA Training Office
4401 S Hopkins Ave., Ste 108
Titusville, FL 32780-6679
Contact Person – Shirley Reaves, Training Coordinator
Phone (321) 383-9690; Fax (321) 383-9691
training@fwpcoa.org, www.fwpcoa.org

THIS FORM AUTHORIZES THE FW&PCOA TO CHARGE THE FOLLOWING TO MY CREDIT CARD:

Merchandise or Training Service Rendered: FW&PCOA Region 7 Utilities Maintenance III Certification
Course and Continuing Education Program

Name of Student: _____

Date/s of Training: _____

Employer Name: _____

Total Estimated Charge: _____

Credit Card Type (Circle One) Visa MasterCard American Express

Name as it appears on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____

Phone Number including Area Code: _____

Fax Number including Area Code: _____

Email Address: _____

Signature: _____ Date: _____

Note: This form will act as guarantee of payment for any applicable merchandise or training services as listed above.