

## Florida Water & Pollution Control Operators Association

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

## VOLUNTARY CERTIFICATION APPLICATION FORM WASTEWATER COLLECTION

LOCATION OF SCHOOL: <u>Orange Co Utilities Field Services Center</u> DATE OF SCHOOL: <u>April 17 – 21, 2017</u>
ADDRESS: <u>8100 Presidents Drive</u>, <u>Orlando</u>, <u>Florida 32809</u>

- \* THIS ORIGINAL APPLICATION MUST BE RETURNED TO THE FW&PCOA TRAINING OFFICE.
- \* THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED.
- \* FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR. \* REGISTRATION MUST BE RECEIVED BY THE TRAINING OFFICE NO LATER THAN 30 DAYS PRIOR TO SCHOOL. Last 4 digits of SS#: MAILING ADDRESS: \_\_\_\_\_\_(House Number) (State) (Zip) (County) (City) Work Phone: ( ) Fax: ( ) Employer: \_\_\_\_\_ Job Title: \_\_\_\_ \_\_\_\_\_License # (for CEU): \_\_\_\_ Email Address: PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM: Wastewater Collection C: X course & exam exam only
  Wastewater Collection B: course & exam exam only
  Wastewater Collection A: course & exam exam only \_\_\_\_ CEU (WW02014034, 3.0 CEU) \_\_\_\_ CEU (WW02014033, 3.0 CEU) CEU (WW02014027, 3.0 CEU) NO ACTUAL EXPERIENCE OR QUALIFICATIONS ARE REQUIRED FOR CEU. EXAMS REQUIRE "HANDS-ON" EXPERIENCE: MUST BE VERY SPECIFIC TO WASTEWATER COLLECTION SYSTEM OPERATIONS. IF SPECIFIC JOB DUTIES ARE NOT LISTED, APPLICATION WILL BE RETURNED. Examples of specific job duties: CCTV inspection, main line cleaning, lift station maintenance/repair, line stoppage clearing, installing/repairing laterals and cleanouts, etc. Use an additional sheet of paper if necessary. List all Employers where Wastewater Collection experience is gained. Phone number must be included Phone: ( ) Employer: Dates of Employment: Specific Job Duties:

Phone: ( )

Employer:

Specific Job Duties:

Dates of Employment:

LIST CURRENT HIGHEST W HELD:	ATER/RECLAIMED	WATER/WASTEWATE	R/STORMWATER CERTIFICATIONS
Certification Type:	Class	Certificate #:	Date Issued:
Certification Type:			
Certification Type:			
Certification Type:	Class:	Certificate #:	Date Issued:
"Operation and Maintenance of W	astewater Collection S ces" is required for th	Systems, Volumes I and II ne A level course. Textboo	equired). All levels require the textbooks "and the textbook "Manage for Success: oks may be purchased from the Office of 5) 278-6142; fax (916) 278-5959.
	m date. The board will:	issue an FW&PCOA Certifi	level exams will be given by the Voluntary cation Certificate when all criteria have been
QUALIFICATIONS FOR CERTIF	ICATION EXAMS:		
CLASS C: (A) Must be at least 18 yes have accumulated at least completed the FW&PCO.  CLASS B: (A) Must have an FW&P On" experience. (C) Must Must furnish evidence of CLASS A: (A) Must have an FW&P On" experience. (C) Must	ears of age. (B) Must furt 1 year (2,080 hours) of A Class C Technology to PCOA Class C Certificate the furnish evidence of have having an up-to-date State COA Class B Certificate the furnish evidence of have the furnis	of actual "Hands-On" experi- raining course. (E) Must partion. (B) Must have accumu- ving completed the FW&PC andard First Aid or CPR car- tion. (B) Must have accumulating completed the FW&PC	nigh school diploma or equivalent. (C) Must ience. (D) Must furnish evidence of having ass the C level written exam.  ulated 3 years (6,240 hrs.) of actual "Hands-OA Class B Technology training course. (D) d. (E) Must pass the B level written exam.  lated 5 years (10,400 hrs.) of actual "Hands-OA Class A Supervision training course. (D) ard. (E) Must pass the A level exam.
*Request for an Oral Exam: Medic providedYES: I request			ericans with Disabilities Act (ADA) must be
AND ACKNOWLEDGED APPLICANT SIGNATURES THE SUSPENSION OR REVEITHER PARTY EXECUTIVE SUPERVISOR'S VERIFICATION COMPLETED THE SUPERVISOR OF THE SUPERVISOR	AS BEING TRUE WILL RESULT IN OCATION OF AN NG THIS DOCUM TION: By signing to FY that to the best	E AND CORRECT N AN ETHICS HEAR NY AND ALL EXIST ENT. this application form I t of my knowledge it	ON THIS APPLICATION FORM BY THE SUPERVISOR AND RING THAT COULD RESULT IN ING CERTIFICATION HELD BY AFFIRM that I have reviewed the is true, complete and accurate. I W&PCOA Voluntary Certification
Board.			Title
			_ Title:
Printed Name:			_ Phone:
APPLICANT'S VERIFICAT contained in this application is	• •		m, I certify that the information
Applicant's Signature:			
FEES: \$225.00 for course & exam of Members). \$80.00 for Exam		embers indicate Region #11)	). \$255.00 for course & exam or CEU (Non-

MAIL: Fees, payable to FW&PCOA Training, with **original application (with all documents attached)** to Bryan Hackebeil, 8100 Presidents Drive, Orlando, FL 32809 Phone (407) 836-6889, <a href="mailto:Bryan-Hackebeil@ocfl.net">Bryan-Hackebeil@ocfl.net</a>.