

**Florida Water & Pollution Control Operators Association  
Region VII**



**Jacobs – Pembroke Pines  
Wastewater Collection B Course &  
Exam Session**

**July 22 – 26, 2019**

## **COURSE & EXAM LOCATION:**

Jacobs – Pembroke Pines  
13975 Pembroke Road  
Pembroke Pines, FL 33027  
[Location Map](#)

## **COURSE:**

FW&PCOA Wastewater Collection B

## **CLASS SCHEDULE:**

### **July 22 – 25, 2019**

Morning Session:	8:00 a.m. – 11:30 a.m.
Lunch:	11:30 a.m. – 12:30 p.m.
Afternoon Session:	12:30 p.m. – 4:00 p.m.

## **TUITION FEES:**

Course & Exam:	\$225 for FW&PCOA members, \$255 for non-members
Repeat Exam:	\$80 for FW&PCOA members and non-members

**FULL REFUND OF THE TUITION FEE GIVEN ONLY IF THE COURSE IS CANCELED!**

## **COURSE BOOKS:**

**This course uses the books from the FW&PCOA Wastewater Collection C course!** Region VII will not have books for sale at the school. Please see the course application for textbook information.

## **COURSES:**

Region VII provides qualified instructors to teach the course material. Unlike correspondence courses, the instructors are available in person to answer student questions and to help students understand the course material. Region VII's goal is to have each student pass the end-of-course certification examination. We will not, however, "teach the exam."

Students must obtain the course book(s) before school and read the respective chapter(s) in the book before each class. Region VII provides a course schedule in this package for students to follow. Bring questions and topics to class for the instructor to discuss. Bring a calculator with you for the arithmetic class.

Please be respectful to the instructors, as they are giving their time for your benefit. Arrive on time to class, no loud talking or unruly behavior, and no cell phone calls in the classroom.

### **COURSE ATTENDANCE REQUIREMENT:**

Region VII determines student attendance using a sign-in sheet. Each student must sign the attendance sheet for each session. Instructors reserve the right to audibly call attendance at any time during the class, especially after a break. It is strongly recommended that students attend all classroom sessions, to gain the greatest learning experience!

**Students who miss more than four (4) hours of classroom time will not receive an Attendance Certificate and will not be given the end-of-course exam – no exceptions!**

### **END-OF-COURSE EXAM AND REPEAT EXAMS:**

**LOCATION:** Jacobs – Pembroke Pines  
13975 Pembroke Road  
Pembroke Pines, FL 33027

**SCHEDULE:** July 26, 2019  
8:00 a.m.

**Region VII will also provide exams for other disciplines. Please complete the application provided in this document for the desired exam and submit the application and the \$80.00 exam fee to Region 7 before July 12, 2019.**

The end-of-course exam is a closed-book exam. Do not bring books or other materials into the exam area. You may bring a calculator for the math portion of the exam, but **YOU MAY NOT USE YOUR CELL PHONE AS A CALCULATOR!**

As a courtesy to all students taking the exam, please silence your cell phone or pager before entering the exam room. Cell phones will not be allowed on the tabletop – they must be placed in your pocket, on your belt, in your purse or on the floor. **You may not make or receive phone calls during the exam – no exceptions!**

To receive an exam, you must present a photo ID to the exam proctor. This may be either a driver's license or employer-issued ID.

Each exam is comprised of 100 multiple-choice questions. There is only one best answer per question. Marking multiple answers for a question will result in the student getting the question wrong. A student must correctly answer 70% or more of the exam questions to pass the exam.

## **COURSE AND EXAM APPLICATIONS:**

Please use the course or exam application included in this package. Neatly complete the application (print or type) following the instructions provided on the form. Remember to sign the application.

Mail, email or fax the completed application and the school fee to:

**BY MAIL:** FW&PCOA Region VII

PO Box 813520

Hollywood FL 33081-3520

**BY EMAIL:** [tim.fwpcoa@comcast.net](mailto:tim.fwpcoa@comcast.net)

**BY FAX:** (321) 383-9691

You may also enroll in the course and pay the tuition fee on-line at: [https://www.fwpcoa.org/content.aspx?page\\_id=4002&club\\_id=859275&item\\_id=1005516](https://www.fwpcoa.org/content.aspx?page_id=4002&club_id=859275&item_id=1005516).

**You are, however, required to complete and submit the course or exam application.**

**Enrollment is on a first-come, first-served basis and is limited to 25 students.**

**Applications must be received by  
Friday, July 12, 2019**

Region VII reserves the right to refuse incomplete or illegible applications and applications postmarked after the application deadline. Region VII may cancel courses with inadequate enrollment.

Thank you for your interest in attending Region VII's Wastewater Collection B course and exam. We look forward to seeing you soon!



**WASTEWATER COLLECTION B**

**COURSE APPLICATION AND  
SCHEDULE**



**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: Region 7 Jacobs WWB Course Date/s of School: July 22 – 26, 2019  
Address: Jacobs - Pembroke Pines 13975 Pembroke Road Pembroke Pines, FL 33027

- \* THIS ORIGINAL APPLICATION MUST BE COMPLETED AND RETURNED TO FW&PCOA REGION VII.
- \* THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR EACH CERTIFICATION CLASS.
- \* FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.

**REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY JULY 12, 2019.**

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: \_\_\_\_\_

**PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:**

Wastewater Collection C: \_\_\_\_\_ exam only\*  
Wastewater Collection B: \_\_\_\_\_ course & exam \_\_\_\_\_ exam only\*  
Wastewater Collection A: \_\_\_\_\_ exam only\*  
**\* YOU MUST ATTACH A COPY OF YOUR COURSE ATTENDANCE CERTIFICATE FOR EXAM ONLY!**

**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**

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST CURRENT HIGHEST WATER/RECLAIMED WATER/WASTEWATER/STORMWATER CERTIFICATIONS HELD:**

Certification Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Certification Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**STUDENTS ARE RESPONSIBLE FOR PURCHASING THEIR OWN TEXTBOOKS (MOST RECENT EDITION REQUIRED).** All levels require the textbooks "Operation and Maintenance of Wastewater Collection Systems, Volumes I and II." Textbooks may be purchased from the Office of Water Programs, CSU – Sacramento; 6000 J St., Sacramento, CA 95819; Phone (916) 278-6142; fax (916) 278-5959.

**CERTIFICATION EXAMS:** The advanced A level, intermediate B level and basic C level exams will be given by the Voluntary Certification Board on a specified exam date. The board will issue an FW&PCOA Certification Certificate when all criteria have been satisfied. Applicants who meet the following qualifications may sit for an exam.

**QUALIFICATIONS FOR CERTIFICATION EXAMS:**

**CLASS C:** (A) Must be at least 18 years of age. (B) Must furnish evidence of having a high school diploma or equivalent. (C) Must have accumulated at least 1 year (2,080 hours) of actual "Hands-On" experience. (D) Must furnish evidence of having completed the FW&PCOA Class C Technology training course. (E) Must pass the C level written exam.

**CLASS B:** (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class B Technology training course. (D) Must furnish evidence of having an up-to-date Standard First Aid **or** CPR card. (E) Must pass the B level written exam.

**CLASS A:** (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class A Supervision training course. (D) Must furnish evidence of having an up-to-date Standard First Aid and CPR card. (E) Must pass the A level 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: \$225.00 Non-Member: \$255.00 Exam Only: \$80.00

CHECK ONE: \_\_\_\_\_ Payment made on-line at [www.fwpcoa.org](http://www.fwpcoa.org)  
\_\_\_\_\_ Payment enclosed or attached

**SEND Pages 1 and 2 of the 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](mailto:07-treasurer@fwpcoa.org)

**BY FAX:** (321) 383-9691





# Florida Water & Pollution Control Operators Association

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

## FW&PCOA Region VII Course Jacobs – Pembroke Pines Wastewater Collection B July 22 – 26, 2019

**Location:** Jacobs – Pembroke Pines  
13975 Pembroke Road  
Pembroke Pines, FL 33027

**Class Dates:** Monday – Thursday, July 22 – 25, 2019  
**THE COURSE IS FOUR DAYS!**

**Class Time:** Morning Session: 8:00 a.m. – 11:30 a.m.  
Lunch: 11:30 a.m. – 12:30 p.m.  
Afternoon Session: 12:30 p.m. – 4:00 p.m.

**Exam Date/Time:** Friday, July 26, 2019, starting promptly at 8:00 a.m.

Date		Course Curriculum – Wastewater Collection B	Chapter(s)	Contact Hours	Instructor
7/22/2019	AM	Wastewater Collection Systems - Purpose, Components, Design, Construction, Inspection and Testing	3 (6th Edit) 2 (7th Edit)	3.5	R. Moticker
7/22/2019	PM	Wastewater Collection Systems Part II; Construction, Inspection and Testing	5 (6th Edit) 4 (7th Edit)	3.5	R. Moticker
7/23/2019	AM	Lift Stations/Equipment Maintenance	8 & 9	3.5	R. Moticker
7/23/2019	PM	Inflow/Infiltration Sewer Rehabilitation	10 10	1.0 2.5	R. Moticker
7/24/2019	AM	Safety/Survival Program for Collection System Operators	4 (6th Edit) 3 (7th Edit) & 11	3.5	R. Moticker
7/24/2019	PM	Administration/Organization for Collection System Operators	12 & 13	3.5	R. Moticker
7/25/2019	AM	Advanced Math Calculations	Vol I Math Appendix	3.5	N. Harris
7/25/2019	PM	Florida Rules	FAC 62- 604	3.5	R. Moticker

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**Students are expected to attend all class sessions!**



## **REPEAT EXAM APPLICATIONS**

**EXAM DATE:  
JULY 26, 2019  
8:00 A.M.**



**Florida Water & Pollution Control Operators Association**  
A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

**VOLUNTARY CERTIFICATION APPLICATION FORM  
STORMWATER MANAGEMENT**

Location of School: Region 7 Jacobs WWB Course & Exam Date of Exam: July 26, 2019, 8:00 a.m.  
Address: Jacobs - Pembroke Pines 13975 Pembroke Road Pembroke Pines, FL 33027

- \* THIS ORIGINAL APPLICATION MUST BE COMPLETED AND RETURNED TO FW&PCOA REGION VII.
- \* THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR EACH CERTIFICATION CLASS.
- \* FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.

**REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY JULY 12, 2019.**

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: \_\_\_\_\_

**PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:**

Stormwater C: \_\_\_\_\_ exam only\*  
Stormwater B: \_\_\_\_\_ exam only\*  
Stormwater A: \_\_\_\_\_ exam only\*

**\* YOU MUST ATTACH A COPY OF YOUR  
COURSE ATTENDANCE CERTIFICATE  
FOR EXAM ONLY!**

**VOLUNTARY CERTIFICATION EXAMS REQUIRE "HANDS-ON" EXPERIENCE IN THE FIELD. THE DUTIES LISTED BELOW MUST BE SPECIFIC TO STORMWATER SYSTEM OPERATION OR THE APPLICATION WILL BE RETURNED.**

**List all employers where Stormwater experience is gained, starting with the most recent employer. The employer's phone number must be included. Use an additional sheet of paper if necessary.**

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Certification/License Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Certification/License Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Certification/License Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Certification/License Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**TEXTBOOKS:** the FW&PCOA will provide the textbook for the Level C and B course only. **Students taking the Level A course must purchase the textbook, “Manage for Success: Effective Utility Leadership Practices,” from the Office of Water Programs, CSU – Sacramento; 6000 J St., Sacramento, CA 95819; Phone (916) 278-6142; fax (916) 278-5959.**

**CERTIFICATION EXAMS:** The entry-level Class C, the intermediate level Class B, and the advanced level Class A exams 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.

**CLASS C:** (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 Class C Technology training course. (E) Must pass the Class C written exam.

**CLASS B:** (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of documented “Hands-On” experience in the field. (C) Must successfully complete the FW&PCOA Class B Technology training course. (D) **Must attach a copy of an unexpired Standard First Aid or CPR card.** (E) Must pass the Class B written exam.

**CLASS A:** (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of documented “Hands-On” experience in the field. (C) Must successfully complete the FW&PCOA Class A Technology training course. (D) **Must attach copies of unexpired Standard First Aid and CPR cards.** (E) Must pass the Class A exam.

**REQUEST FOR AN ORAL EXAM:** Applicants requesting an oral exam must attach documentation from a licensed medical practitioner that complies with the Americans with Disabilities Act (ADA).      **Yes, I request an oral exam.**

**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 FW&PCOA CERTIFICATIONS HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.**

**SUPERVISOR’S VERIFICATION:** By signing this application form, I **AFFIRM** that I have reviewed this completed application and **CERTIFY** that, to the best of my knowledge, the information stated herein 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: \_\_\_\_\_

**TUITION FEE (Payable to FW&PCOA Region 7):**

Exam Only: \$80.00

**CHECK ONE:**      Payment made on-line at [www.fwpcoa.org](http://www.fwpcoa.org)

     Payment enclosed or attached

**SEND Pages 1 and 2 of the 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](mailto:07-treasurer@fwpcoa.org)

**BY FAX:** (321) 383-9691



**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: Region 7 Jacobs WWB Course & Exam Date of Exam: July 26, 2019, 8:00 a.m.  
Address: Jacobs - Pembroke Pines 13975 Pembroke Road Pembroke Pines, FL 33027

- \* THIS ORIGINAL APPLICATION MUST BE COMPLETED AND RETURNED TO FW&PCOA REGION VII.
- \* THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR EACH CERTIFICATION CLASS.
- \* FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.

**REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY JULY 12, 2019.**

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: \_\_\_\_\_

**PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:**

Wastewater Collection C: \_\_\_\_\_ exam only\*  
Wastewater Collection B: \_\_\_\_\_ exam only\*  
Wastewater Collection A: \_\_\_\_\_ exam only\*

**\* YOU MUST ATTACH A COPY OF YOUR  
COURSE ATTENDANCE CERTIFICATE  
FOR EXAM ONLY!**

**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**

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST CURRENT HIGHEST WATER/RECLAIMED WATER/WASTEWATER/STORMWATER CERTIFICATIONS HELD:**

Certification Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Certification Type: \_\_\_\_\_ Class: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**STUDENTS ARE RESPONSIBLE FOR PURCHASING THEIR OWN TEXTBOOKS (MOST RECENT EDITION REQUIRED).** All levels require the textbooks "Operation and Maintenance of Wastewater Collection Systems, Volumes I and II." Textbooks may be purchased from the Office of Water Programs, CSU – Sacramento; 6000 J St., Sacramento, CA 95819; Phone (916) 278-6142; fax (916) 278-5959.

**CERTIFICATION EXAMS:** The advanced A level, intermediate B level and basic C level exams will be given by the Voluntary Certification Board on a specified exam date. The board will issue an FW&PCOA Certification Certificate when all criteria have been satisfied. Applicants who meet the following qualifications may sit for an exam.

**QUALIFICATIONS FOR CERTIFICATION EXAMS:**

**CLASS C:** (A) Must be at least 18 years of age. (B) Must furnish evidence of having a high school diploma or equivalent. (C) Must have accumulated at least 1 year (2,080 hours) of actual "Hands-On" experience. (D) Must furnish evidence of having completed the FW&PCOA Class C Technology training course. (E) Must pass the C level written exam.

**CLASS B:** (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class B Technology training course. (D) Must furnish evidence of having an up-to-date Standard First Aid **or** CPR card. (E) Must pass the B level written exam.

**CLASS A:** (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Class A Supervision training course. (D) Must furnish evidence of having an up-to-date Standard First Aid and CPR card. (E) Must pass the A level 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):**

Exam Only: \$80.00

**CHECK ONE:** \_\_\_\_\_ Payment made on-line at [www.fwpcoa.org](http://www.fwpcoa.org)

\_\_\_\_\_ Payment enclosed or attached

**SEND Pages 1 and 2 of the completed application, with attachments, by one of the following methods:**

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PO Box 813520  
Hollywood, FL 33081-3520

**BY EMAIL:** [07-treasurer@fwpcoa.org](mailto:07-treasurer@fwpcoa.org)

**BY FAX:** (321) 383-9691





# **Florida Water & Pollution Control Operators Association**

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

## **SYSTEMS OPERATORS APPLICATION FORM WATER DISTRIBUTION**

Location of School: Region 7 Jacobs WWB Course & Exam Date of Exam: July 26, 2019, 8:00 a.m.

Address: Jacobs - Pembroke Pines 13975 Pembroke Road Pembroke Pines, FL 33027

**REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION VII BY JULY 12, 2019.**

NAME: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(House Number) (Street/Ave) (Apt.)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

Email Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### **PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:**

Water Distribution Level 3: \_\_\_\_\_ exam only\*  
Water Distribution Level 2: \_\_\_\_\_ exam only\*  
Water Distribution Level 1: \_\_\_\_\_ exam only\*

**\* YOU MUST ATTACH A COPY OF  
YOUR COURSE ATTENDANCE  
CERTIFICATE FOR EXAM ONLY!**

### **STUDENTS ARE RESPONSIBLE FOR PURCHASING THEIR OWN TEXTBOOK!**

All students will use "Water Distribution System Operation and Maintenance." Level 1 will also use "Manage for Success: Effective Utility Leadership Practices." The textbooks may be purchased from the Office of Water Programs, CSU – Sacramento; 6000 J Street, Sacramento, CA 95819; Phone (916) 278-6142; Fax (916) 278-5959.

### **To receive a "Certificate-of-Completion":**

You must: 1) Be at least 18 years of age, 2) Furnish evidence of having completed the corresponding FW&PCOA training course, and, 3) Pass the end of course written exam with a score of 70% or higher.

Please note that while the FW&PCOA does not require evidence of a high school diploma or equivalent for its water distribution operator training programs, applicants for Florida Department of Environmental Protection (FDEP) licensure must provide proof that they hold a valid high school diploma or equivalent issued by an FDEP approved institution. Contact the FDEP Operator Certification Program office (850-245-7500) for details.

**Request for an Oral Exam:** Medical documentation that is in agreement with the Americans with Disabilities Act (ADA) must be attached. Please place an "X" below to indicate your request for an oral exam.

\_\_\_\_\_**YES:** I request to take an oral exam, **documentation attached.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FEES (Payable to FW&PCOA Region 7):**

**Exam Only: \$80**

**CHECK ONE:** \_\_\_\_\_ Payment made on-line at [www.fwpcoa.org](http://www.fwpcoa.org)  
\_\_\_\_\_ Payment enclosed or attached

### **SEND the completed application 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](mailto:07-treasurer@fwpcoa.org)

**BY FAX:** (321) 383-9691