Florida Water & Pollution Control Operators Association



Spring State Short School

March 16-20, 2020



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Appendix (Course Applications)Water DistributionWastewater CollectionStormwater ManagementReclaimed Water DistributionUtility Customer RelationsBackflowFacility ManagementUtilities MaintenanceOperator Continuing Education

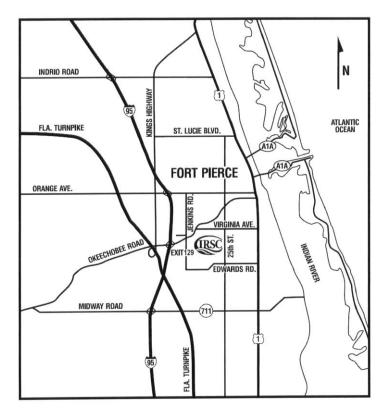
Note: Quick links to document pages are in blue text.



School Location

Indian River State College Brown Center/CCTI, Bldg Y 3209 Virginia Avenue Fort Pierce, FL 34981

Located 2.4 miles east of Interstate 95 (Exit 129), and 3.2 miles east of the Turnpike (Exit 152), on Florida 70.



School Schedule

- Check-in: Sunday, March 15, 2020 1:00 p.m. – 3:00 p.m.
- Classes: Monday Thursday 8:00 a.m. – 4:30 p.m.

• Free BBQ Dinner • Monday at 4:30 p.m.

Friday 8:00 a.m. – 12:00 Noon



Indian River State College – Main Campus



Courses (Click Here for Program Descriptions)

Water Distribution Level 3, 2, 1 (book(s) included)

Our Water Distribution residency courses provide the requisite training required by the Florida Department of Environmental Protection for a Water Distribution System Operator to take the Florida Operator Licensing Exam. These courses are also available for Water Plant and Water Distribution Operator continuing education - exam not required (DW/DS02014037, DW/DS02014038, DW/DS02014027 – 3.0 CEU each). Classes: Mon, Tue, Wed, Thu. Exam: Fri. Click here for the course application.

Wastewater Collection C, B, A (book(s) included)

Our Voluntary Certification Program developed for the Wastewater Collection System Operator. These courses are also available for Wastewater Plant Operator continuing education - exam not required (WW02014034, WW02014033, WW02014027 – 3.0 CEU each).

Classes: Mon, Tue, Wed, Thu. Exam: Fri. Click here for the course application.

Stormwater C, B, A (book(s) included)

Our Voluntary Certification Program developed for the Stormwater Management Operator. These courses are also available for Water and Wastewater Plant Operator continuing education - exam not required (DW/WW02014026, DW/WW02014025, DW/WW02014024 – 3.0 CEU each). Classes: Mon, Tue, Wed, Thu. Exam: Fri.

Click here for the course application.

Reclaimed Water Distribution C, B, A (book(s) included) \$325/\$325/\$80*

Our Voluntary Certification Program developed for the Reclaimed Water Distribution System Operator. These courses are also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014124, DW/DS/WW02014123, DW/DS/WW02014138 – 3.0 CEU).

Classes: Mon, Tue, Wed, Thu. Exam: Fri.

Note: Persons who have successfully completed an FW&PCOA Water Distribution Course may take an abbreviated version of the Reclaimed Water Distribution C, B, and A courses, with exam, for \$125/\$155/\$80* Click here for the course application.



\$325/\$325/\$80*

\$325/\$325/\$80*

\$325/\$325/\$80*



COUISES (Click Here for Program Descriptions)

Utility Customer Relations Level I, II, III (book(s) included) \$325/\$325/\$80*

Our Voluntary Certification Program developed for Utility Customer Service Representatives. These courses are also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014029, DW/ DS/WW02014030, DW/DS/WW02014031 – 3.0 CEU each). Classes: Mon, Tue, Wed, Thu. Exam: Fri. Click here for the course application.

Backflow Tester

\$375/\$405/85*

Our Certification Program developed for Backflow Prevention Assembly Testers. This course is also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014006 – 3.2 CEU).

Classes: Mon, Tue, Wed, Thu. Exam: Thu. Click here for the course application.

Backflow Repair

\$275/\$305/\$85*

Our Certification Program developed for Backflow Prevention Assembly Repairers. Applicants must possess FW&PCOA Backflow Tester certification. This course is also available for Water and Wastewater Plant Operator and Water Distribution Operator continuing education - exam not required (DW/DS/WW02014007 – 2.4 CEU). **Classes: Wed, Thu. Exam: Thu.** Click here for the course application.

Backflow Tester Recertification

\$85/\$115/---*

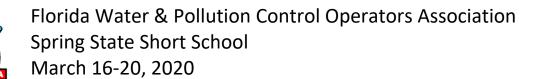
Our exam provided to recertify Backflow Prevention Assembly Testers. **Exam: Thu.** Click here for the course application.

Facility Management Module I (book(s) included)

\$275/\$305/---*

Prerequisite course for the Florida Class A Water and Wastewater Treatment Plant Operator Exam. (DW/DS/WW02014012, 3.0 CEU) **Classes: Mon, Tue, Wed, Thu.** Click here for the course application.

*FW&PCOA Members/Non-members/Re-exam



COUISES (Click Here for Program Descriptions)

Utilities Maintenance III & II (book(s) included)

This course is designed for utility maintenance personnel, such as plant and pump station mechanics and electricians. The Level III course covers pumps, motors, basic electrical, backflow and cross connection control, types of maintenance, valves, and safety. The Level II course covers pumping & hydraulics, electrical systems, lubrication, math, crane & hoist safety, and confined space awareness (DS/DW/WW02014057, DS/DW/WW02014170 – 3.0 CEU each). **Classes: Mon, Tue, Wed, Thu. Exam: Fri.**

Click here for the course application.

Wastewater Process Control

A continuing education course developed for wastewater treatment process control (WW02014035 – 2.8 CEU). **Classes: Mon, Tue, Wed, Thu.** Click here for the course application.

Wastewater Troubleshooting

A continuing education course developed for troubleshooting wastewater treatment processes (WW02014036 – 2.8 CEU). **Classes: Mon, Tue, Wed, Thu.** Click here for the course application.

\$325/\$325/80*

\$225/\$255/---*

\$225/\$255/---*



School Registration

Pre-registration for the school is required. When applying for a course offered at the school, the applicant has the option of:

1) Registering and paying the tuition fee on-line, or

CLICK HERE TO REGISTER ON-LINE

2) Registering and paying the tuition fee by traditional methods (mail, e-mail or fax).

In either case - Please neatly complete and submit the course application form provided in this document with copies of all required documents attached. Tuition payments should be made payable to the FW&PCOA.

By Mail:	FW&PCOA Training Office	By Email:	training@fwpcoa.org
	4401 S Hopkins Ave, Ste 108		
	Titusville, FL 32780-6679	By Fax:	(321) 383-9691

If you have any questions or need assistance, contact the FW&PCOA Training Office at:

Telephone:	(321) 383-9690
Fax:	(321) 383-9691
E-mail:	training@fwpcoa.org



Area Hotels

The following hotels are conveniently located near the Indian River State College Campus.

Fairfield Inn & Suites 6502 Metal Drive Fort Pierce, FL 34945 (772) 462-2900 Code: FWPCOA

Holiday Inn Express 7151 Okeechobee Rd Fort Pierce, FL 34945 (772) 464-5000 Code: FSS Sleep Inn 2715 Crossroads Pkwy Fort Pierce, FL 34945 (772) 595-6080 Code: SCR

Rooms are available on a first come, first served basis. Be sure to mention the Group Code.

On-the-Road Training Program

Can't come to our Short School due to budget cut-backs or a schedule conflict? Let the Florida Water & Pollution Control Operators Association bring our courses to your utility via our cost-effective On-the-Road Training Program! All you do is provide the training room and the students, and we do the rest!

For more information on the On-the-Road Training Program, please contact Training Coordinator Shirley Reaves at (321) 383-9690 or <u>Training@fwpcoa.org</u>.



> <u>Appendix</u> (Course Applications)

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: 2020 Spring State Sho	ort Date/s	Date/s of School: <u>March 16-20, 2020</u>			
School Address: Indian River State Colleg	ge 3209 Virginia Avenue	e Fort Pierce, FL 34981			
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 APPR	OPRIATE LEVEL OF TRAININ	NG AND/OR EXAM:			
Water Distribution Level 3: course & exa Water Distribution Level 2: course & exa Water Distribution Level 1: course & exa	am course only exam	n only CEU (DW/DS	S02014037, 3.0 CEU's)		
TEXTBOOK: The FW&PCOA will provide	e a textbook to students taking both	the course and certification e	exam.		
To receive a "Certificate-of-Completion": You must: 1) Be at least 18 years of age, 2) F 3) Pass the end of course written exam with a	Furnish evidence of having complet	ted the corresponding FW&P	COA training course, a		

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.

and.

<u>Request for an Oral Exam</u>: 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 Signa	ature:		Date:	:	
FEES (Payable to	<u>o FW&PCOA)</u> :				
Course & Exa Exam Only:	am, includes textbook (FW&PCOA M	Member/Non-Men		25.00/\$325.00 0.00	
SEND the comple	eted application by one of the follow	wing methods:			
BY MAIL:	FW&PCOA Training Office 4401 S Hopkins Ave, Ste 108	BY EMAIL:	training@fw	/pcoa.org	
	Titusville, FL 32780-6679	BY FAX:	(321) 383-96	691	



VOLUNTARY CERTIFICATION APPLICATION FORM WASTEWATER COLLECTION

Location of School: 2020 Spr School Address: Indian River				
 * THIS ORIGINAL APPLICAT * THIS APPLICATION WILL I IS NOT ATTACHED. * FORM MUST BE SIGNED BY 	ION MUST BE RETURNED BE RETURNED IF THE ORIG	FO THE FW&PCOA T GINAL IS NOT PROVI	RAINING OFFICE.	
* REGISTRATION MUST BE F			R THAN 30 DAYS PR	IOR TO SCHOOL.
NAME:		I	ast 4 digits of SS	#:
MAILING ADDRESS:				
MAILING ADDRESS:	(House Number)	(Street/Ave)		(Apt #)
(City)	(County)		(State)	(Zip)
Work Phone: ()		_ Fax: ()		
Employer:		_ Job Title:		
Email Address:		Li	cense # (for CEU):
PLACE AND "X" NEXT TO	THE APPROPRIATE LEV	EL OF TRAINING A	AND/OR EXAM:	
Wastewater Collection C: Wastewater Collection B: Wastewater Collection A:	course & exam	exam only	CEU (W	W02014033, 3.0 CEU)
NO ACTUAL EXPERIEN	CE OR QUALIFICATIO	NS ARE REQUIR	ED FOR CEU.	
EXAMS REQUIRE "HA COLLECTION SYSTE APPLICATION WILL cleaning, lift station maint Use an additional sheet o	M OPERATIONS. BE RETURNED. Exa tenance/repair, line stop	IF SPECIFIC amples of specific	JOB DUTIES job duties: CCT	ARE NOT LISTED, V inspection, main line
List all Employers where	Wastewater Collection	n experience is gai	ned. Phone num	ber must be included
Employer: Dates of Employment: Specific Job Duties:)
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:
Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:

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

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.

OUALIFICATIONS 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:

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 Si	gnature:		Date:
FEES (Payable t	o FW&PCOA):		
Course & Exa Exam Only:	am, includes textbook(s) (FW&PCOA M	ember/Non-Member):	\$325.00/\$325.00 \$80.00
SEND Pages 1 ar	nd 2 of the completed application, with a	attachments, by one of	the following methods:
BY MAIL:	FW&PCOA Training Office	BY EMAIL:	training@fwpcoa.org
	4401 S Hopkins Ave. Ste 108 Titusville, Fl 32780-6679	BY FAX:	(321) 383-9691
REV. 10/17		Was	stewater Collection Application Page 2 of 2



VOLUNTARY CERTIFICATION APPLICATION FORM STORMWATER MANAGEMENT

Location of School: 2020 Spring Stat	e Short	Da	ate/s of School: <u>March</u>	16-20, 2020	
School Address: Indian River State (College 320	9 Virginia Avenue	Fort Pierce	, FL 34981	
 * THIS ORIGINAL APPLICATION MU * THIS APPLICATION WILL BE RETURN IS NOT ATTACHED (SEE THE SECTION ATTACHED (SEE THE SECTION MUST BE SIGNED BY YOU A * REGISTRATION MUST BE RECEIV 	URNED IF THE O TON ON CERTIF ND YOUR SUPEI	RIGINAL IS NOT PROVI ICATION EXAMS ON PA RVISOR.	IDED AND ALL NECES AGE 2 FOR THE REQUI	RED ATTACHMENTS).	
NAME:		Last 4 digits of SS#:			
MAILING ADDRESS:	se Number)	(Street/Ave)		(Apt #)	
(City)	(County)		(State)	(Zip)	
Work Phone: ()		Fax: ()			
Employer:		Job Title:			
Email Address:		L	icense # (for CEU):		
PLACE AND "X" NEXT TO THE A	PPROPRIATE L	EVEL OF TRAINING	AND/OR EXAM:		
Stormwater C: course & Stormwater B: course & Stormwater A: course &	z exam	exam only exam only exam only	CEU (DW/	WW02014026, 3.0 CEU) WW02014025, 3.0 CEU) WW02014024, 3.0 CEU)	
NO ACTUAL EXPERIENCE IS REC	QUIRED FOR C	EU. STUDENTS MUST	MEET ATTENDANC	E REQUIREMENTS.	
VOLUNTARY CERTIFICATION I LISTED BELOW <u>MUST BE SPECI</u> RETURNED.					
List all employers where Stormwate number must be included. Use an add			e most recent employe	r. The employer's phone	
Employer: Dates of Employment: From Specific Job Duties:)	
Employer: Dates of Employment: From 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:

TEXTBOOK: The FW&PCOA will provide a textbook to students taking both the course and certification exam.

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.

- <u>CLASS C:</u> (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.
- <u>CLASS B:</u> (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.
- <u>CLASS A:</u> (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.

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

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.

<u>SUPERVISOR'S VERIFICATION:</u> 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: _____

<u>APPLICANT'S VERIFICATION:</u> 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	e to FW&PCOA):			
Course & E Exam Only	Exam, includes textbook (FW&PCOA Me :	ember/Non-Member):	\$325.00/\$325.00 \$80.00	
SEND Pages 1	and 2 of the completed application, with	h attachments, by one o	f the following methods:	
BY MAIL:	FW&PCOA Training Office 4401 S Hopkins Ave, Ste 108	BY EMAIL:	training@fwpcoa.org	
	Titusville, Fl 32780-6679	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 RECLAIMED WATER DISTRIBUTION

LOCATION OF SCHOOL:2020 Spring State Short SchoolDATE OF SCHOOL:March 16-20, 2020ADDRESS:Indian River State College3209 Virginia AvenueFort Pierce, FL 34981

* 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.

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:		Licer	nse # (for CEU): _		
PLACE AND "X" NEXT TO	THE APPROPRIATE LEVE	L OF TRAINING AN	D/OR EXAM:		
Level C: course & exam	1 day course & exam*	exam only	CEU (D	DW/DS/WW02014124, 3.0 CEU)	
Level B: course & exam	1-1/2 day course & exa	m* exam only	CEU (I	DW/DS/WW02014123, 3.0 CEU)	
Level A: course & exam	1 day course & exam*	exam only	CEU (D	DW/DS/WW02014138, 3.0 CEU)	
	E AND EXAM IS FOR ' CH COURSE COMPLETIO		A FW&PCOA	WATER DISTRIBUTION	
NO ACTUAL EXPERIENCE	E OR QUALIFICATIONS AR	RE REQUIRED FOR	CEU.		
EXAMS REQUIRE "HAN DISTRIBUTION SYSTEM (<u>RETURNED.</u> Examples of s services, etc. Use an additional	OPERATIONS. IF SPECIF specific job duties: Install recl	IC JOB DUTIES AR	E NOT LISTED	, APPLICATION WILL BE	
List all Employers where Rec	laimed Water Distribution ex	perience is gained. Ph	one number mus	t be included	
Employer: Dates of Employment: Specific Job Duties:)	
Employer: Dates of Employment: 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 textbooks to students taking both the course and certification exam.

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.

- <u>CLASS C:</u> (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.
- <u>CLASS B:</u> (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.
- <u>CLASS A:</u> (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.

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

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.

<u>SUPERVISOR'S VERIFICATION:</u> 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:

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

Applicant's Sig	plicant's Signature:		Date:	
FEES (Payable	e to FW&PCOA):			
Exam Only:	n, includes textbook (FW&PCOA Member 11 10 10 10 10 10 10 10 10 10 10 10 10 1	,	\$325.00/325.00 \$80.00 <u>f the following methods:</u>	
BY MAIL:	FW&PCOA Training Office 4401 S Hopkins Ave, Ste 108 Titusville, Fl 32780-6679	BY EMAII BY FAX:	L: training@fwpcoa.org (321)383-9691	

Reclaimed Water Distribution Application Page 2 of 2



VOLUNTARY CERTIFICATION APPLICATION FORM UTILITY CUSTOMER RELATIONS

Location of School: 2020 Spi	ring State Short	tate Short Date/s of School: March 16-20, 2020			
School Address: Indian Rive	er State College 32	09 Virginia Avenue	Fort Pie	rce, FL 34981	
 * THIS ORIGINAL APPLICA' * THIS APPLICATION WILL IS NOT ATTACHED. * FORM MUST BE SIGNED B * REGISTRATION MUST BE 	BE RETURNED IF THE	ORIGINAL IS NOT PR ERVISOR.	OVIDED AND ALL NEC		
NAME:			_ Last 4 digits of SS	#:	
MAILING ADDRESS: _	(House Number)	(Street/Ave)		(Apt #)	
(City)	(Count	y)	(State)	(Zip)	
Work Phone: ()		Fax: ()		
Employer:		Job Title:			
Email Address:			_ License # (for CEU):	
PLACE AND "X" NEXT TO	THE APPROPRIATE	LEVEL OF TRAINI	NG AND/OR EXAM:		
Specialist, Level I: Specialist, Level II: Specialist, Level III:	course & exam	exam only	CEU (DW/DS	//WW02014029, 3.0 CEU) //WW02014030, 3.0 CEU) //WW02014031, 3.0 CEU)	
NO ACTUAL EXPERIEN	ICE OR QUALIFICA	TIONS ARE REQU	JIRED FOR CEU.		
ACTUAL EXPERIENC	E: Use an addition	al sheet of paper if	necessary.		
List all Employers wher	e Customer Relation	ns experience is ga	ined. Phone numbe	r must be included	
Employer:			Phone: ()	
Dates of Employment: Specific Job Duties:					
Employer: 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:
Certification Type:	Class:	Certificate #:	Date Issued:
Certification Type:	Class:	Certificate #:	Date Issued:

<u>CERTIFICATION EXAMS</u>: The advanced Level III, intermediate Level II and basic Level I 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:

- **LEVEL I:** (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 Level I Technology training course. (E) Must pass the Level I written exam.
- **LEVEL II:** (A) Must have an FW&PCOA Level I Certification. (B) Must have accumulated 2 years (4,160 hrs.) of actual "Hands-On" experience. (C) Must furnish evidence of having completed the FW&PCOA Level II Technology training course. (D) Must pass the Level II written exam.
- **LEVEL III:** (A) Must have an FW&PCOA Level II 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 Level III Technology training course. (D) Must pass the Level III 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.

<u>SUPERVISOR'S VERIFICATION:</u> 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:

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

Titusville, FL 32780-6679 BY FAX:	(321) 383-9691
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FW&PCOA **BACKFLOW REGISTRATION**

Location of Sch	ool: <u>2020 Spring State Short</u>		te/s of School: <u>Marcl</u>		
School Address:	Indian River State College	3209 Virginia Avenu	ie F	ort Pierce, FL 34	981
* Must Furni * Must Be At	E: Registration and fees mus sh Evidence of Having a Hig Least 18 Years of Age Backflow Tester Certificat	gh School Diploma	or Equivalent	-	
	ncluding Tester Recertificat				
All CAallis, I	including rester Accertificat	ion, are provided	on the last day of	the course (1	nursuay)
NAME:			LAST 4 DIGI	TS OF SS#:	
LICENSE #: _	LICENSE 1	YPE (circle one):	Drinking Water	Wastewater	Distribution
MAILING AD	DRESS:				
EMPLOYER:			JOB TITLE:		
WORK PHON	NE:	FAX:			
EMAIL ADDF	RESS:				
PLEASE REG	ISTER ME FOR THE FOLL	OWING COURSE:			
BACKFLOW R	EPAIR:COURSE & EXA	MEXAM	ONLYCEU	U (DW/DS/WW0	2014007, 2.4 CEU)
	EPAIR FEES (Payable to FW&P RS)/\$305 (NON-MEMBERS) FOI		OR CEU, \$85 FOR	EXAM ONLY.	
BACKFLOW T	ESTER:COURSE & EXA	MEXAM	ONLYCEU	U (DW/DS/WW 0	2014006, 3.2 CEU)
BACKFLOW T	ESTER RECERTIFICATION	TESTER C	ERTIFICATE #		
\$375 (MEMBER	ESTER FEES (Payable to FW&P RS)/\$405 (NON-MEMBERS) FOI S)/\$115 (NON-MEMBERS) REC	R COURSE & EXAM	OR CEU, \$85 FOR	EXAM ONLY.	
SEND complete	d application, with attachments, b	y one of the following	methods:		
BY MAIL:	FW&PCOA Training Office 4401 S Hopkins Ave, Ste 108	BY EMAIL:	training@fwpcoa.o	org	
	Titusville, FL 32780-6679	BY FAX:	(321) 383-9691		



FACILITY MANAGEMENT COURSE **Registration Form**

Location of Scho	ool: <u>2020 Spring Sta</u>	te Short	Da	te/s of School: <u>March</u>	16-19, 2020	
School Address:	Indian River State	College 32	09 Virginia Avenu	ie Fo	rt Pierce, FL 349	981
	n a Copy of the A Least 18 Years o		gh School Diplo	oma or Equivalent		
NAME:				LAST 4 DIG	ITS OF SS#: _	
LICENSE #: _		LICENSE TYI	PE (circle one):	Drinking Water	Wastewater	Distribution
MAILING ADD	RESS:					
		(House Numb	per)	(Street/Av	ve)	(Apt.)
	(City)		(County)	(State)		(Zip)
EMAIL ADDR	ESS:					
WORK PHON	E:		FA	X:		
EMPLOYER:				JOB TITLE:		
DI A CE A ND 43						
	<u>K" NEXT TO THE A</u>					
Module I:	course	CEU (DS/	/DW/WW02014012	2, 3.0 CEU)		
Applicant's Sign	ature:			Date:		
FEES (Payable t	o FW&PCOA):					
FW&PCOA	Member: \$275.00) Non-M	lember: \$305.00			
SEND completed	l application, with a	ttachments, by or	ne of the following	<u>methods</u> :		
BY MAIL:	FW&PCOA Trainin	-	BY EMAIL:	training@fwpcoa.org		
	4401 S Hopkins Av Titusville, FL 3278		BY FAX:	(321) 383-9691		

Florida Water & A Non-Profit Association S				
	CERTIFICAT			
LOCATION OF SCHOOL: <u>2020 Spring Sta</u> ADDRESS: <u>Indian River State College</u>				
 * THIS ORIGINAL APPLICATION MUST BE I * THIS APPLICATION WILL BE RETURNED IS NOT ATTACHED. * FORM MUST BE SIGNED BY YOU AND YO * REGISTRATION MUST BE RECEIVED BY T 	RETURNED TO THI IF THE ORIGINAL UR SUPERVISOR.	E FW&PCOA TRAIL IS NOT PROVIDED	NING OFFICE. AND ALL NECESSA	ARY DOCUMENTATION
NAME:		Last	4 digits of SS#:	
MAILING ADDRESS:	er)	(Street/Ave)		(Apt #)
(City)	(County)		(State)	(Zip)
Work Phone: ()	Fax	K: ()		
Employer:	Job	Title:		
Email Address:		Licen	se # (for CEU): _	
PLACE AND "X" NEXT TO THE APPROP	RIATE LEVEL OI	F TRAINING AND	O/OR EXAM:	
Level III: Course & Exam C Level II: Course & Exam C	Course Only	_ Exam Only* _ Exam Only*	CEU (DS/DW/ CEU (DS/DW/	WW02014057, 3.0 CEU) WW02014170, 3.0 CEU)
NO ACTUAL EXPERIENCE OR QUAI	LIFICATIONS A	RE REQUIRED	FOR CEU.	
EXAMS REQUIRE "HANDS-ON" E <u>MAINTENANCE.</u> <u>IF SPECIFIC JO</u> <u>RETURNED.</u> Qualifications include: mechanical machinery, equipment or sy wastewater collection or water distribute	B DUTIES ARI Installation, main stems used in dri	E NOT LISTED ntenance, modifien nking water or w	APPLICATIO cation or repair of vastewater treatme	N WILL BE electrical or ent plants or in
List all Employers where Utilities Ma	-	e		
Employer: Dates of Employment: Specific Job Duties:				
Employer: Dates of Employment: Specific Job Duties:				

FLORIDA WATER S

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

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

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

CERTIFICATION EXAMS: The entry Level III and the intermediate Level II 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.

- 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.
- LEVEL II: (A) Must have an FW&PCOA Level III 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 Level II Technology training course. (D) Must attach a copy of an unexpired Standard First Aid or CPR card. (E) Must pass the Level II 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:

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 Signa	ture:		Date:	
FEES (Payable to FV	/&PCOA):			
Course & Exam, ind Exam Only:	eludes textbook (FW&PCOA M	fember/Non-Member):	\$325.00/\$325.00 \$80.00	
SEND the completed	application, with attachments	s, by one of the following	methods:	
BY MAIL: FW	&PCOA Training Office	BY EMAIL: train	ing@fwpcoa.org	

4401 S Hopkins Ave, Ste 108 Titusville, FL 32780-6679	BY FAX:	(321) 383-9691	
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OPERATOR CONTINUING EDUCATION Registration Form

Location of School: 2020 Spring State Short	Da	Date/s of School: <u>March 16-19, 2020</u>			
School Address: Indian River State College	3209 Virginia Avenu	ie F	Fort Pierce, FL 34981		
*DEADLINE: Registration and fees 1 *Must Furnish Evidence of Having a *Must Be At Least 18 Years of Age *Course length is 4 days - Monday th	High School Diploma		prior to the co	urse	
NAME:		LAST 4 DIGITS OF SS#:			
LICENSE #: LICEN	SE TYPE (circle one):	Drinking Water	Wastewater	Distribution	
MAILING ADDRESS:					
EMPLOYER:		JOB TITLE:			
WORK PHONE:	FAX:				
EMAIL ADDRESS:					
PLEASE REGISTER ME FOR THE FO	OLLOWING COURSE:				
FIRST CHOICE					
SECOND CHOICE					
*Before we place you in your second cho	ice, you will be notified.				
FEES PAYABLE TO FW&PCOA					
\$225 MEMBERS \$255 NON-MEMBERS					

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

BY MAIL:	FW&PCOA Training Office	BY EMAIL:	training@fwpcoa.org
	4401 S Hopkins Ave, Ste 108		
	Titusville, FL 32780-6679	BY FAX:	(321) 383-9691