

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



Supervision Course & Exam (SWA, WWA, WD1)

November 1 – 15, 2021

COURSE & EXAM LOCATION:

Charlotte J. Burrie Center
2669 N Federal Hwy
Pompano Beach, FL 33064

COURSES & TUITION FEES:

Stormwater A (SWA)
Wastewater Collection A (WWA)
Water Distribution Level 1 (WD1)

Course & Exam, FW&PCOA Members:	\$275.00
Course & Exam, Non-Members:	\$305.00
Exam Only, Members & Non-Members:	\$80.00

Region 7 will provide the course book to “Course & Exam” registrants.

COURSE SCHEDULE:

Monday – Thursday, November 1 – 4, and
Monday – Thursday, November 8 – 11, 2021
6:00 – 9:30 P.M. each night

THE COURSE SPANS 8 NIGHTS – STUDENTS MUST ATTEND ALL NIGHTS!

COURSE ATTENDANCE REQUIREMENT:

Region VII determines student attendance using a sign-in sheet. Each student must sign the attendance sheet each night. 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!

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 SCHEDULE:

Monday, November 15, 2021
6:00 – 8:30 P.M.

FW&PCOA COVID-19 GUIDANCE DOCUMENT

The Center for Disease Control and Prevention has designated Broward County as having a High level of community transmission of the virus that causes COVID-19. To best protect the health and welfare of all participants at the training event, Region 7 will follow the FW&PCOA Covid-19 Guidance Document included in this course information package.

We kindly ask all participants to follow these guidelines that include, as a minimum, the wearing of facemasks and social distancing while attending the training event.

If a student is sick or possibly exposed to the virus that causes COVID-19, please do not report to the training event. The registration fee will be refunded.

APPLICATIONS:

Please use the appropriate application included in this package – Stormwater A, Wastewater Collection A or Water Distribution Level 1. Neatly complete the application (print or type) following the instructions provided. Attach copies of documents required by the application. Remember to sign the application, and if required, have your supervisor sign the application.

Submit the completed application and any required 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

Registration for the courses and exams may be done on-line at www.fwpcoa.org, but you must still complete and submit an application form.

**Applications must be received by Region 7 no later than
Friday, October 15, 2021**

THANK YOU!

Thank you for your interest in attending the Region 7 Supervision Course & Exam. We look forward to seeing you!



FW&PCOA COVID-19 GUIDANCE DOCUMENT

FW&PCOA Covid-19 Guidance Document

The FW&PCOA is committed to providing quality training for its member and to the utility industry in the State of Florida. The FW&PCOA has a long history of providing comprehensive certification programs some of which have been modeled by the State of Florida's operator certification programs. The FW&PCOA has a large variety of online training courses that, once completed, will meet the needs of most utility professionals.

As the country begins to transition back into the mainstream of returning to normal activities, the FW&PCOA is also committed to making sure we have done our part to provide a safe environment to our members and utility professionals as it relates to the Covid-19 virus.

Any events or training activities provided by the FW&PCOA will follow the current guidelines set by the CDC, State, County and local governments. At a minimum the following practices should be followed for conducting classroom training and conducting FW&PCOA State and Regional meetings.

- Social distancing equaling a minimum of 6 feet between people should be practiced at all times. If social distancing cannot be practiced because of the nature of the training activity, i.e. hands on training, face coverings should be used.
- Group sizes should be limited to 10 people unless the size of the facility will allow social distancing at all times for larger groups.
- All members, students or guests will be made aware of the social distancing requirement and told they are to provide their own face coverings.
- All members, students or guests must pre-register to attend a training or meeting to allow strict control of the number of people attending.
- All members, students or guests must complete the FW&PCOA current health condition survey form before being allowed to attending the training or meeting daily. If any conditions or symptoms are present, the person will not be allowed to attend.
- The temperature of each person will be check before entering the meeting area. Anyone with a temperature higher than 100.4⁰ F will not be allowed to attend the training or meeting.
- Hand sanitizer may be provided at each training or meeting.
- A thorough cleaning of desks, tables, chairs, door knobs, etc. should be performed before and after the training or meeting using an antibacterial cleaner or wipe.
- No food will be provided at training sessions or meetings. Individual bottle water or drinks can be provided to attendees.

This is a guidance document based on the current conditions as defined by the CDC. It is not an FW&PCOA policy and is subject to be modified as conditions warrant.

Ken Enlow, President FW&PCOA

May 23, 2020

FW&PCOA Daily Monitoring Form for Members/Students/Guests

Meeting or Training Location _____

Please respond to the following questions:

1. Do you have a fever? YES NO

(Note: Attendees must be screened for temperature, but the readings are NOT to be recorded.)

2. Do you have any of the following symptoms: YES NO

- Persistent Cough
- Discomfort or tightness of the Chest
- Muscle Aches/Pains
- General "Flu-Type" Symptoms:

3. To your knowledge, have you had close contact* within the past 14 days with a person who has been diagnosed COVID -19? YES NO

If 'yes', describe the contact:

*Close contact means having cared for, having lived with, or having had close physical contact with someone known to have been diagnosed or experiencing symptoms consistent with the coronavirus/COVID-19.

4. Have you traveled domestically or internationally within the past 14 days. If so, where did you go and how did you get there? YES NO

If you start to experience symptoms listed above notify your instructor or contact person immediately and go directly home, avoiding direct contact with others.

Attendee's Name _____ Attendee's Signature _____

Date _____

HEALTH REMINDERS:

- Social Distancing = Maintain > 6 ft. from others & Refrain from shaking hands
- Wear a face covering when interacting with others and unable to maintain social distancing
- Minimize touching your face (eyes, mouth, nose)
- Frequently wash hands / use hand sanitizer
- Cover mouth & nose with tissue or sleeve (not hands) when coughing
- Get plenty of rest, exercise and maintain a healthy diet



STORMWATER A

APPLICATION



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

VOLUNTARY CERTIFICATION APPLICATION FORM
STORMWATER A

Location of School: Region 7 Supervision Course & Exam Date/s of School: November 1 – 15, 2021
Address: Charlotte J. Burrie Center 2669 N Federal Hwy Pompano Beach, FL 33064

- * THE APPLICANT MUST COMPLETE AND RETURN THE APPLICATION TO FW&PCOA REGION 7 – SEE PAGE #2.
- * REGION 7 WILL RETURN INCOMPLETE APPLICATIONS OR IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR THE “CLASS A” CERTIFICATION.
- * THE APPLICANT AND HIS OR HER SUPERVISOR MUST SIGN PAGE #2.

THE FW&PCOA REGION 7 MUST RECEIVE ALL APPLICATIONS BY OCTOBER 15, 2021.

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 AN “X” NEXT TO THE TRAINING DESIRED:

Stormwater A: _____ course & exam _____ exam only* * FOR “EXAM ONLY” YOU MUST HAVE COMPLETED THE COURSE!

VOLUNTARY CERTIFICATION EXAMS REQUIRE “HANDS-ON” EXPERIENCE IN THE FIELD. THE DUTIES LISTED BELOW MUST BE SPECIFIC TO STORMWATER SYSTEM OPERATION AND MAINTENANCE 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. ALSO INCLUDE CUMULATIVE (NOT CONCURRENT) DUTIES FOR ALL CERTIFICATIONS AND/OR LICENSES HELD BY THE APPLICANT. 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: Region 7 will provide the textbook, “Manage for Success: Effective Utility Leadership Practices,” to students registered for “course & exam.”

CERTIFICATION EXAM: The FW&PCOA will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the Class A certification. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

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 Stormwater. (C) Must successfully attend the FW&PCOA Class A course. (D) 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. I furthermore agree to follow the guidelines stated in the FW&PCOA Covid-19 Guidance Document while attending this training event.

Applicant’s Signature: _____ Date: _____

FEES (Payable to FW&PCOA Region 7):

Course & Exam: **FW&PCOA Member:** \$275.00 **Non-Member:** \$305.00

Exam Only: **FW&PCOA Member or Non-Member:** \$80.00

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

☐ Payment enclosed or attached

SEND 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

BY FAX: (321) 383-9691



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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: _____

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.



WASTEWATER COLLECTION A

APPLICATION



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 A

Location of School: Region 7 Supervision Course & Exam Date/s of School: November 1 – 15, 2021
Address: Charlotte J. Burrie Center 2669 N Federal Hwy Pompano Beach, FL 33064

- * THE APPLICANT MUST COMPLETE AND RETURN THE APPLICATION TO FW&PCOA REGION 7 – SEE PAGE #2.
- * REGION 7 WILL RETURN INCOMPLETE APPLICATIONS OR IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED - SEE PAGE #2 FOR THE DOCUMENTS REQUIRED FOR THE “CLASS A” CERTIFICATION.
- * THE APPLICANT AND HIS OR HER SUPERVISOR MUST SIGN PAGE #2.

THE FW&PCOA REGION 7 MUST RECEIVE ALL APPLICATIONS BY OCTOBER 15, 2021.

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 AN “X” NEXT TO THE TRAINING DESIRED:

Wastewater Collection A: _____ course & exam _____ exam only* * FOR “EXAM ONLY” YOU MUST HAVE COMPLETED THE COURSE!

VOLUNTARY CERTIFICATION EXAMS REQUIRE “HANDS-ON” EXPERIENCE IN THE FIELD. THE DUTIES LISTED BELOW MUST BE SPECIFIC TO WASTEWATER COLLECTION SYSTEM OPERATION AND MAINTENANCE OR THE APPLICATION WILL BE RETURNED.

List all employers where Wastewater Collection experience is gained, starting with the most recent employer. The employer’s phone number must be included. ALSO INCLUDE CUMULATIVE (NOT CONCURRENT) DUTIES FOR ALL CERTIFICATIONS AND/OR LICENSES HELD BY THE APPLICANT. Use an additional sheet of paper if necessary.

Employer: _____ Phone: (____) _____

Dates of Employment: _____

Specific Job Duties: _____

Employer: _____ Phone: (____) _____

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

TEXTBOOKS: Region 7 will provide the textbook, "Manage for Success: Effective Utility Leadership Practices," to students registered for "course & exam."

CERTIFICATION EXAM: The FW&PCOA will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the Class A certification. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

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 Wastewater Collection. (C) Must successfully attend the FW&PCOA Class A course. (D) 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 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. I furthermore agree to follow the guidelines stated in the FW&PCOA Covid-19 Guidance Document while attending this training event.

Applicant's Signature: _____ Date: _____

FEES (Payable to FW&PCOA Region 7):

Course & Exam: **FW&PCOA Member:** \$275.00 **Non-Member:** \$305.00

Exam Only: **FW&PCOA Member or Non-Member:** \$80.00

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

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Merchandise or Training Service Rendered: _____

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.



WATER DISTRIBUTION LEVEL 1

APPLICATION



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 LEVEL 1

Location of School: Region 7 Supervision Course & Exam Date/s of School: November 1 – 15, 2021
Address: Charlotte J. Burrie Center 2669 N Federal Hwy Pompano Beach, FL 33064

REGISTRATION MUST BE RECEIVED BY FW&PCOA REGION 7 BY OCTOBER 15, 2021.

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 AN "X" NEXT TO THE TRAINING DESIRED:

Water Distribution Level 1: _____ course & exam _____ exam only*

*** FOR "EXAM ONLY" YOU MUST
HAVE COMPLETED THE COURSE
WITHIN THE PAST 5 YEARS!**

TEXTBOOKS: Region 7 will provide the textbook, "Manage for Success: Effective Utility Leadership Practices," to students registered for "course & exam."

To receive a "Certificate-of-Completion":

You must: 1) Be at least 18 years of age, 2) Furnish evidence of having successfully attended the applicable FW&PCOA training course within the past 5 years, and 3) Pass the end of course written exam with a score of 70% or higher.

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 VERIFICATION: By signing this application form, I certify that the information contained in this application is true, complete and accurate. I furthermore agree to follow the guidelines stated in the FW&PCOA Covid-19 Guidance Document while attending this training event.

Applicant's Signature: _____ Date: _____

FEES (Payable to FW&PCOA Region 7):

Course & Exam: **FW&PCOA Member:** \$275.00 **Non-Member:** \$305.00

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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: _____

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