



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: _____ DATE OF SCHOOL: _____
ADDRESS: _____

- * 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: _____ License # (for CEU): _____

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

Wastewater Collection C: _____ course & exam _____ exam only _____ CEU (WW02014034, 3.0 CEU)
Wastewater Collection B: _____ course & exam _____ exam only _____ CEU (WW02014033, 3.0 CEU)
Wastewater Collection A: _____ course & exam _____ exam only _____ 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

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: _____
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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” and the textbook “Manage for Success: Effective Utility Leadership Practices” is required for the A level course. 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: \$225.00 for course & exam or CEU (FW&PCOA Members indicate Region # _____). \$255.00 for course & exam or CEU (Non-Members). \$80.00 for Exam Only.

MAIL: Fees, payable to FW&PCOA Training, with original application (with all documents attached) to FW&PCOA Training Coordinator, 4401 S Hopkins Ave., Ste 108, Titusville FL 32780-6679. Phone (321) 383-9690, Fax (321) 383-9691, training@fwpcoa.org; www.fwpcoa.org.