



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: FW&PCOA Online Institute DATE OF SCHOOL: N/A
ADDRESS: N/A

- * THE COMPLETED APPLICATION MAY BE MAILED, FAXED OR EMAILED TO THE FW&PCOA TRAINING OFFICE – SEE BOTTOM OF PAGE 2.
- * THIS APPLICATION WILL BE RETURNED IF ALL NECESSARY DOCUMENTATION FOR CERTIFICATION IS NOT INCLUDED – SEE PAGE 2.
- * FORM MUST BE SIGNED BY YOU. SUPERVISOR ALSO SIGNS WHEN SUBMITTING EXPERIENCE TO BE CONSIDERED FOR THE CERTIFICATION REQUIREMENT.

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: _____ course & exam _____ exam only _____ course only

LIST “HANDS-ON” EXPERIENCE SPECIFIC TO WASTEWATER COLLECTION SYSTEM OPERATION AND/OR MAINTENANCE. 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 applying for the certification training course are responsible for purchasing their own textbooks. The Class C course requires 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 Class C exam 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, as follows.

QUALIFICATIONS FOR CERTIFICATION:

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 have completed the FW&PCOA Class C training course. (E) Must pass the Class C written examination.

***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 REQUIRED FOR CERTIFICATION: 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: FW&PCOA Members: \$225.00 for course & exam, or course only; Non-members: \$255.00 for course & exam, or course only; and \$80.00 to repeat an exam (Exam Only).

Send completed application (**with all documents attached**) by one of the following methods:

BY MAIL: FW&PCOA Training Office
4401 S Hopkins Ave, Ste 108
Titusville, FL 32780-6679

BY EMAIL: training@fwpcoa.org

BY FAX: (321) 383-9691

For additional information: Phone (321) 383-9690, Fax (321) 383-9691, Email: training@fwpcoa.org

For credit card payment, please attached a “Credit Card Authorization Form” which may be found on the FW&PCOA website, www.fwpcoa.org



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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.