

State of Maine

DEPARTMENT OF HEALTH AND HUMAN SERVICES BOARD OF LICENSURE OF WATER SYSTEM OPERATORS

11 State House Station Augusta, Maine 04333-0011

TEL: (207) 287-2070 FAX: (207) 287-4172 TTY: (800) 606-0215 WEBSITE: www.medwp.com Water Operator Board section

APPLICATION FOR LICENSURE of

Water Treatment and Distribution System Operators

Instructions - Please read carefully before completing this application.

1) THIS IS AN APPLICATION FOR LICENSURE -APPLICATIONS FOR EXAMINATION MUST BE MADE SEPARATELY

- Refer to the <u>Rules Relating to the Licensure of Water</u>
 <u>System Operators (Rules)</u> for general information and
 specific requirements for each classification level. Copies
 of the Rules can be found at <u>www.medwp.com</u>
- 3) **FEES**
 - a) **Initial license fee \$75** is for the first license obtained or reciprocity from another state. This fee and process is also applied for reapplication of an expired license.
 - b) **Upgrade license fee \$20** is to add a discipline or increase the class level of an existing license. This is also to upgrade an Operator in Training License to Full status. This fee is applied to the process. Any number of upgrades may be made at the same time.
 - Please enclose the applicable non-refundable fee with this application.
 - d) Make checks or money orders payable to: *Treasurer*, *State of Maine*.
- 4) **RECIPROCITY:** Applicants holding a valid license or certificate in another state or country may apply for "Reciprocity" and may be issued a Maine license in a comparable classification without examination. Education and experience requirements must meet Maine requirements. Reciprocity is granted on an individual basis. **The fee for Reciprocity is \$75**.
- 5) EDUCATION: No minimum education requirement. For education credit beyond high school, show all education related to water treatment, distribution and related fields. If no degree or certificate was issued, attach transcripts of courses completed.
- 6) **EXPERIENCE:** List most recent employment first. Be sure to describe exactly what your duties and responsibilities were in each position. Qualifications for

Operator –in-Training or Full licensure will be determined upon review of application.

| Licensure Type | Experience required – | | |
|-------------------------|------------------------|--|--|
| | See Rules for details. | | |
| Very Small Water System | Six months | | |
| Class I | 1 year | | |
| Class II | 2 years | | |
| Class III | 3 years | | |
| Class IV | 4 years | | |

7) OPERATOR-IN-TRAINING (OIT): No minimum experience requirement.

- a) may not be in direct responsible charge of water quality or quantity
- b) must meet standard renewal requirements
- c) will have four years from the date of license issuance to meet experience requirements to upgrade to full licensure. Upgrades may only be done for examination levels successfully passed.
- 8) **Examination:** A copy of your examination results must be included with the application.
 - a) Show all dates as month and year (example 10/2011).
 - b) Additional information may be submitted on $8 \frac{1}{2} \times 11$ paper.

State of Maine Department of Health and Human Services

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Application for Licensure of Water Treatment and Distribution System Operators

Complete all requested information completely and neatly. Submit to the address at the top of the page. Incomplete or illegible forms will be returned. Paper copies of forms must be submitted.

Payment must accompany application. Applications will be processed in the order they are received.

| | GENERA | AL IN | FORMA | TION | | | |
|---|----------------|--------------|---------|---------------------|--------------|------------------|-------|
| Print Name in full- as to appear on license | , | | | | | | |
| Mailing Address: (Street) | | (City/To | own) | | (St | tate) | (Zip) |
| - | | | | | | | |
| Land Line: | Cell Phone: | | | | Email: | | |
| Name of Public Water System(s) Employe | ed by: | | | Business Telephone: | | | |
| Business Mailing Address: (Street) | | (City/ | /Town) | (State) | (Zip) | | |
| Address for sending License and notices: | ☐ Home | B | usiness | | | | |
| Operator Identification Number | Classificatio | on | Expi | ration Date: | St | ate | |
| | | | | | | | |
| | LICENSURE I | EVEI | AND D | ISCIPLIN | Œ | | |
| Level of license | Treatment | Distr | ibution | New \$75 | Upgrade \$20 | Reciprocity \$75 | |
| Very Small Water System | Applies to bot | h disci | plines | | | | |
| Class I | | <u></u> | | | | | |
| Class II | <u> </u> | <u> </u> | | | | | |
| Class III | | | | | | | |
| Class IV | | | | | | | |
| Fee Submitted Fee New License \$ includes reciprocity. Upgrade existing license \$ includes OIT | | | | | | | |
| | • | | 2 | Ü | • | | |
| Board Use Only | | | | | | | |
| Reviewed By | | | Date | | F | rull | |
| OIT | | | | | | | |
| Payment Received: | | | Check # | | Г | Date | |
| | | | | | | | |

| License requeste | RECIPR ed by reciprocity: | Fee: \$75 | |
|------------------|--|--|--|
| - | the following information as well as the your license to this application. | education and experience sections below. | |
| State | License Expiration | License/Certificate No. | |

EDUCATION

Fill in the form below to describe the types and nature of secondary and post -secondary education.

* Official copies of diplomas or transcripts may be requested.

| Type of School | Name of | Years Attended | | Date of Graduation | Course of Study/ |
|----------------|----------------------|----------------|----|--------------------|------------------|
| | Institution/Location | From | To | | Title of degree |
| | | | | | |
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EXAMINATION

Attach a copy of exam results for exams proctored by organizations other than the Maine Board. Exam results proctored by the Board are on file and do not need notarized result copy.

| Name of Test | Test Proctored by | Test Date | Test Score | |
|-----------------------|--------------------------|------------------|------------|--|
| Ex: ABC- II Treatment | Maine Board-on file | 10/23/2011 | 85 | |
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EXPERIENCE

| List most | recent emp | ployment first. | | | |
|---|------------|-------------------------------------|---|--|--|
| Dates From To Specify seasonal, part or full time | | Name and Location of Employer | Description of duties. Please detail duties as related to water operations. | Name and contact information of supervisor or person that i familiar with job tasks. OIT upgrade: Supervisor mustign applicable experience. | |
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I do hereby apply for licensure as a water system operator in the State of Maine under the *Rules relating to the Licensure of Water System Operators 90-429 Chapter 1*. I understand that the truth and correctness of my statements in this application are material to the issuance of the license for which I am applying. I also understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke the license.

(Signature of Applicant) (Date of Application)