



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](http://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**

2) Refer to the Rules Relating to the Licensure of Water System Operators (Rules) for general information and specific requirements for each classification level. Copies of the Rules can be found at [www.medwp.com](http://www.medwp.com)

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.
- c) Please enclose the applicable **non-refundable fee with this application.**
- d) Make checks or money orders payable to:  
**Treasurer, State of Maine.**

4) **RECIPROCIITY:** 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: A minimum of a high school diploma or GED is required.** For additional 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.

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

### GENERAL INFORMATION

Print Name in full- as to appear on license			
Mailing Address:    (Street)		(City/Town)	(State)                   (Zip)
Land Line:	Cell Phone:	Email:	
Name of Public Water System(s) Employed by:		Business Telephone:	
Business Mailing Address:    (Street)		(City/Town)	(State)                   (Zip)
Address for sending License and notices: <input type="checkbox"/> Home <input type="checkbox"/> Business			
Operator Identification Number _____ Classification _____ Expiration Date: _____ State _____			

### LICENSURE LEVEL AND DISCIPLINE

Level of license	Treatment	Distribution	New \$75	Upgrade \$20	Reciprocity \$75
Very Small Water System	Applies to both disciplines				
Class I					
Class II					
Class III					
Class IV					

**Fee Submitted**

**Fee New License \$ \_\_\_\_\_ includes reciprocity. Upgrade existing license \$ \_\_\_\_\_ includes OIT**

**Board Use Only**

Reviewed By	Date	Full
		OIT
Payment Received:	Check #	Date

**RECIPROCIITY**

**License requested by reciprocity:**

Fee: \$75

Please complete the following information as well as the education and experience sections below.  
 Attach a copy of your license to this application.

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 Institution/Location	Years Attended		Date of Graduation	Course of Study/ Title of degree
		From	To		

**EXAMINATION**

Attach a notarized 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

**EXPERIENCE**

List most recent employment first.

<b>Dates</b> <b>From            To</b> <b>Specify seasonal,</b> <b>part or full time</b>		<b>Name and</b> <b>Location of</b> <b>Employer</b>	<b>Description of duties. Please</b> <b>detail duties as related to</b> <b>water operations.</b>	<b>Name and contact information</b> <b>of supervisor or person that is</b> <b>familiar with job tasks.</b>  <b>OIT upgrade: Supervisor must</b> <b>sign applicable experience.</b>

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)