

8. Education (continued):

- c. **List additional courses and training** on the last page if you would like them to be considered in substitution for up to 50% of the operating experience requirement or toward the education requirement.
- d. **Attach evidence of all education:** high school diploma or equivalency certificate, college diploma or transcripts, and certificates of completion or transcripts for all other courses, including those on last page.

9. **Experience:** List your employment record in wastewater operations, starting with your present or most recent employment (indicate whether employment was full or part-time). If employment was part-time, indicate average number of hours worked per week. Partial credit toward operating experience may be given for related experience. **You must provide a complete and thorough description of duties for each relevant job description. Use additional sheets, if necessary.**

a. **Name, location of Facility:** _____

Name	Town/City	State
------	-----------	-------

Type of facility: _____ Design flow: _____

Treatment Units: _____

Solids Handling Units: _____

Your Title: _____ Your Supervisor: _____

Name	Title
------	-------

Description of Duties: _____

Date Started (month, year): _____ Date Separated (month, year): _____

Total Length of Employment: ___ Years ___ Months ___ Full-Time ___ Part-time

b. **Name, location of Facility:** _____

Name	Town/City	State
------	-----------	-------

Type of facility: _____ Design flow: _____

Treatment Units: _____

Solids Handling Units: _____

Your Title: _____ Your Supervisor: _____

Name	Title
------	-------

Description of Duties: _____

Date Started (month, year): _____ Date Separated (month, year): _____

Total Length of Employment: ___ Years ___ Months ___ Full-Time ___ Part-time

9. Experience (continued):

c. Name, location of Facility: _____
Name Town/City State

Type of facility: _____ Design flow: _____

Treatment Units: _____

Solids Handling Units: _____

Your Title: _____ Your Supervisor: _____
Name Title

Description of Duties: _____

Date Started (month, year): _____ Date Separated (month, year): _____

Total Length of Employment: ___ Years ___ Months ___ Full-Time ___ Part-time

10. SIGNATURES

Verification of experience is required by the signature of either the operator in responsible charge at the facility or the permittee of record for the facility.

_____ OR _____
Operator in Responsible Charge Permittee of Record

11. REFERENCES

Provide the names, addresses, and daytime telephone numbers of two individuals, not relatives, who have knowledge of your character, experience, and ability.

a. Name: _____ Daytime Telephone #: _____
Address: _____

b. Name: _____ Daytime Telephone #: _____
Address: _____

I HEREBY CERTIFY that the information provided on this application is true, complete, and not misleading to the best of my knowledge. I understand that the submission of false, incomplete, or misleading information is grounds for denying my application or revoking any certification that is issued to me based on the information, and that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements. If certification is granted, I agree to comply with Env-Wq 304.

Signed: _____ Date: _____

RETURN TO:

**Department of Environmental Services - Water Division
Wastewater Operations Section
PO Box 95
Concord, NH 03302-0095**

