



This is to certify that I now hold a Grade or Class \_\_\_\_\_ Operator Certification from the State of \_\_\_\_\_ and have had \_\_\_\_\_ years of water treatment experience. STATE OF LEGAL RESIDENCE: \_\_\_\_\_.  
Your certification must be active to qualify for application in the State of North Carolina.

**RECORD OF PREVIOUS WATER TREATMENT EXPERIENCE**

NAME OF TOWN OR UTILITY _____	PWS ID# _____	
SIZE OF SYSTEM (MGD) _____	POPULATION SERVED _____	WATER SOURCE _____
CONTACT PERSON _____	PHONE NO. _____	
NATURE OF DUTIES (Describe in detail) _____	DATES: FROM _____ TO _____	

NAME OF TOWN OR UTILITY _____	PWS ID# _____	
SIZE OF SYSTEM (MGD) _____	POPULATION SERVED _____	WATER SOURCE _____
CONTACT PERSON _____	PHONE NO. _____	
NATURE OF DUTIES (Describe in detail) _____	DATES: FROM _____ TO _____	

NAME OF TOWN OR UTILITY _____	PWS ID# _____	
SIZE OF SYSTEM (MGD) _____	POPULATION SERVED _____	WATER SOURCE _____
CONTACT PERSON _____	PHONE NO. _____	
NATURE OF DUTIES (Describe in detail) _____	DATES: FROM _____ TO _____	

APPLICANT'S SIGNATURE _____	DATE _____
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