

Form EW-108 (May 2012)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

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|---------------------------------------------------------------|
| C&T Use Only |
| Date Received: ____/____/____ |
| Staff Lead: _____ |
| <input type="checkbox"/> Not a complete submission & returned |

Request for Water or Wastewater Operator Certification from Another Jurisdiction
Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable.

Instructions: This form should be completed by applicants who hold a valid (unexpired) out of state license or certification who would like to obtain a comparable certification in West Virginia. Individuals who have held a WV certification previously, must request reinstatement instead by completing Form EW-126.

Application Date (mm/dd/yy): ____/____/____ Date of Birth (mm/dd/yy): ____/____/____
First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____ Home Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____

State Certifying Agency Name: _____ Contact Phone: _____

Type of Certification Held & Requested: Water Operator Wastewater Operator

Certification level/grade/classification: _____ Certification #: _____

Expiration Date (mm/dd/yy): ____/____/____ If multiple held, attach all related information.

Have you had a certification suspended or revoked in any other state? Yes No

Attach a copy of the current certificate & state rule governing the above noted certification(s) for documentation & reference.

Note: Please review the applicable state laws online at <http://apps.sos.wv.gov/adlaw/csr/index.aspx>

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR04 *Public Water Systems Operators* and/or 64CSR05 *Wastewater Systems and Operators*.

Signature: _____ Date: _____

All C&T applications are processed in order of receipt. If you do not hear from the C&T program shortly thereafter, contact Mary Lowe at (304) 356-4335.