



State of Alabama
Water and Wastewater
Operator Experience Verification

ADEM Form No. 506 11/06 m1

ADEM USE ONLY

Approved ___ Rejected ___

Reviewed By _____

Intern # _____

Please read instructions before completing this application.

1. INTERP INFORMATION:

Name: Mr. () Ms. () Mrs. ()
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Address: (Number and Street) (Home Telephone)

(City) (State) (Zip) (Work Telephone)

Intern Number: (This number may be found on the letter you received when you passed the exam.)

*Social Security Number: E-mail address

Social Security Numbers are used only for the purpose of recordkeeping in accordance with Sec. 7(a)(2)(a) of P.L. 93-579

2. UPECIFY THE CERTIFICATE YOU ARE APPLYING FOR: (circle only one)

WATER GRADE: I II III IV WASTEWATER GRADE: IC I II III IV

DATE EXAM PASSED: _____

2. EXRERIENCE: (Please submit a separate form for each plant or system where experience was gained)

Plant or System: NPDES / PWSID #

System Grade: Dates of Employment: From : To: (mqnth and year) (mqnth and year)

Total Months: Full Time [] Part Time []

Number of Hours Per Week: _____

Duties and Responsibilities: _____

(Attach "cditional sheets if needed.)

3. TRAINING CREDIT: (Attach proof of completion for each course)

Table with 4 columns: COURSE NAME, INSTRUCTOR, DATES TAKEN, HOURS COMPLETED

I, the undersigned, do hereby affirm and swear, under oath, that I am the said intern; that all statements made and information contained in this form are true and correct to the best of my knowledge and belief.

Signature: Date:

EXPERIENCE VERIFICATION: (This section should be completed by the person verifying the intern's experience.)

Do you verify the intern's duties, responsibilities, and time of experience listed above? YES NO

My contacts with the intern were during the period of time from _____ to _____

where I was employed with _____ NPDES/PWSID# _____

As the intern's supervisor "*****" As the intern's associate employed in the same system/plant

If neither of the above is the case, please state basis of contact _____

Comments: _____

(Attach additional sheet if needed)

In view of my knowledge of the intern and his/her abilities, I _____ recommend the intern for Certified Operator status.
(do, do not)

Print Name: _____

State of Certification: _____ Operator Number: _____ Grade: _____ Expiration Date: _____

Present Position: _____ Plant or System: _____

Address: _____

Daytime Phone Number: _____

I, the undersigned, do hereby affirm and swear, under oath, that all statements made and information contained in this form are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certificate I may hold.

Signature: _____ Date: _____

****NOTICE TO INTERN****

Do not submit this form unless you have successfully passed the appropriate exam and have been assigned an intern number. Before mailing please be sure that the application is completed in its entirety. An application must be accompanied by the nonrefundable certification fee (Checks or money orders only). Faxed applications are not accepted. The certification application is the second of two steps in the certification process. After an applicant has passed an exam he/she has 5 years to gain the required experience. For more information reference ADEM Administrative Code R. 335-10-1. Mail application with appropriate fee to:

**Operator Certification Program
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Visit our website at www.adem.state.al.us