



STATE OF DELAWARE  
**DEPARTMENT OF NATURAL RESOURCES AND  
 ENVIRONMENTAL CONTROL**  
 DIVISION OF WATER  
 RICHARDSON & ROBBINS BUILDING  
 89 KINGS HIGHWAY  
 DOVER, DELAWARE 19901

BOARD OF  
 CERTIFICATION

PHONE: (302) 739-9946  
 FAX: (302) 739-7864

### SUPPLEMENTAL INFORMATION FOR LICENSE RECIPROCITY REQUEST

Any applicant applying for a Wastewater Operator Certification through reciprocity in the **State of Delaware** must complete the requested information below and return this form along with a completed Application for Certification.

*Application Must Be Complete, Typewritten or Clearly Printed*

APPLICANT INFORMATION						
Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Middle Name	Last Name	Suffix		
Mailing Address						
City			State	Zip		
Telephone Number			E-Mail Address			
CERTIFICATIONS						
What valid certificates do you hold in states other than Delaware?						
Level & Type of Certificate	Certificate Number	Date Issued (mm/dd/yy)	State and Issuing Agency	Renewal Date (mm/dd/yy)	Exam Required to receive certification	Expiration Date (mm/dd/yy)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
CURRENT/MOST RECENT WASTEWATER EMPLOYMENT INFORMATION						
Name of Employer			Telephone Number			
Street Address						
Mailing Address (if different than Street Address)						
City		State		Zip		
Name of Plant or Service Area			Size of Plant (MGD)			
Dates of Employment at Facility			Dates of Employment as Wastewater Operator			
BOARD OF CERTIFICATION USE DO NOT COMPLETE						
Attest for the Board of Certification _____						Date _____