



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

**WASTEWATER TREATMENT PLANT OPERATOR IN TRAINING (OIT)
 DOCUMENTATION FORM**

- Instructions: (1) Submit legible, completed form at the completion of the required training period (OIT expiration date).
 (2) No fee required unless OIT expiration date coincides with license expiration date

APPLICANT INFORMATION				
Prefix	First Name	Middle Name	Last Name	Suffix
Mailing Address			City	State
Telephone Number		E-Mail Address		
CERTIFICATION				
License No.	Wastewater License Level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	OIT Expiration Date (if known)	License Expiration Date	
EMPLOYMENT				
Name of Employer			Telephone Number	
Mailing Address			City	State
Name of Supervisor		Title	Telephone Number	
EXPERIENCE VERIFICATION				
Employment Dates As Wastewater Operator From	To	Time in Months	Percent of Time on Wastewater Duties	Percent of Time on Other Duties
Describe in detail your duties & responsibilities as they apply to wastewater. (attach additional pages as necessary)				
VERIFICATION				
I hereby certify that this application contains no misrepresentation or falsifications, is true and complete to the best of my knowledge and belief. I am aware that any willful falsification or misrepresentation will result in the revocation of any certification issued.				
Applicant's Signature			Date	
Supervisor's Signature			Date	
BOARD OF CERTIFICATION USE ONLY – DO NOT COMPLETE				
REMARKS REFERENCE ISSUANCE OF FULL LICENSE OR DENIAL				
Attest for the Board of Certification			Date	