

ES-55

Reciprocity Questionnaire for Competency to Work As A Certified Wastewater Treatment Plant Operator in West Virginia

Applicant Name: _____ SSN: _____

Mailing Address: _____ Current Certificate(s) held: _____

_____ Where certified: _____

Contact Phone Number: _____ Expiration Date(s) of Certificate(s): _____, _____

1. Are you now working or have you been offered and accepted employment in West Virginia as a WWTW operator? Yes, No. If **No**, stop here. **This requirement must be met.** A letter and application (ES-53) from your WV employer must accompany this form.
2. What is your education level, **provide proof with this form?** High school/GED, 1-2 yrs college, 3-4 years college, More than 4 years of college. (One year is equivalent to 30 semester hours).

For State/Military or Other Certifying Agency/Board Use only

1. Does the above operator hold a currently valid WWTW operator certificate with you? Yes, No (If **Yes**, please supply a copy, if **No**, you may skip to the end of the form and sign).
2. Does your issuing authority grant reciprocity to WWTW operators from West Virginia? Yes, No.
3. What are the grade/classification levels of certification for your certifying authority? lowest and highest. (**Please send a copy of your rules and regulations for our review.**)
4. Did the above person take and pass a written examination to become certified? Yes, No. (**You will still be required to pass a WV certification exam for the classification you seek**)
5. What is the minimum educational level for your lowest certification level? _____.
6. Is your certification voluntary or mandatory?

Please include any comments, explanations or recommendations on the reverse side of this form. Include your signature and phone number and/or e-mail address on the following lines and mail to our address below.

Please return to:
OEHS/EED
Training & Certification
Capitol & Washington Streets
1 Davis Square, Suite 200
Charleston, WV 25301-1798
(304) 558-6991 FAX (304) 558-4322

Signature of Certifying Authority

Official Title

_____ and/or _____
Phone Number email