

EW-108

**Reciprocity Questionnaire for Competency to Work as a Certified
Water Treatment Plant Operator in West Virginia**

(12/07)

DHHR

Applicant Name: _____ Date of Birth: _____

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 water plant operator? Yes or No. If **No**, stop here. **This requirement must be met.** A letter and application (EW-102C) from your WV employer must accompany this form.
2. What is your education level? **You must provide proof with this form.**
 High school/GED, 1-2 years of college, 3-4 years of college, More than 4 years of college.

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

1. Does the above operator hold a currently valid water 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 water 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
All applicants are required to pass a WV certification exam for the respective classification level.
5. What is the minimum education 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--Environmental Engineering Division
Certification and Training Unit
Capitol & Washington Streets
1 Davis Square, Suite 200
Charleston, WV 25301-1798
(304) 558-6986 or (304) 558-2981
FAX (304) 558-4322

Signature of Certifying Authority

Official Title

_____ and/or _____
Phone Number Email