EW-108   **Reciprocity Questionnaire for Competency to Work As A Certified**
(05/10)   **Water Treatment Plant Operator in West Virginia**
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 college, ___More than 4 years of college.

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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   Signature of Certifying Authority
350 Capitol Street, Room 313   _____
Charleston, West Virginia 25301-3713   Official Title
Phone (304) 558-6986
Fax (304) 558-4322   _____ and/or _____
www.wvdhhr.org/oehs/eed/swap/   Phone Number   Email
training&certification