

APPLICATION
POLLUTION CONTROL OPERATOR CERTIFICATION
Mississippi Department of Environmental Quality

Instructions on Back

I. APPLICANT

Name: _____ Social Security (Last 4 #'s) _____
Last First Middle

Address: _____ Phone (Work) _____
Street, Rural Route or P.O. Box Phone (Cell) _____
_____ County: _____
City State Zip

Email Address: _____

II. EMPLOYMENT (CURRENT)

Company: _____ Title: _____
Address: _____ Class Facility: I II III IV I-C II-C
_____ Type Treatment _____
County: _____
Date Employed (mm/dd/yr): _____ Supervisor: _____

III. EDUCATION (NOTE: MUST ATTACH H.S. DIPLOMA OR COLLEGE TRANSCRIPT)

High School:

Diploma: Yes ___ No ___

GED: Yes ___ No ___

School: _____

College:

Attended: Yes ___ No ___ Major: _____

Graduated: Yes ___ No ___ Date: _____

College: _____

IV. CERTIFICATION

Class of Certification Requested: I II III IV I-C II-C (*Circle One*)

MS Examination: Yes ___ No ___

Date of Exam: _____

Class of Exam: _____

Grade: _____ (attach proof)

Are you currently certified? Yes No

If yes, what classification? I, II, III, IV, IC, IIC

If you are applying for a Class III or IV, have you passed a Class II exam? Y or N

FOR MDEQ USE ONLY

Fee Paid: Y N **Date:** _____ **By:** _____ **Approved:** Y N

Explanation: _____ **Type Trmt:**

Certificate #: **Certificate Class:** **Exp. Date:**

V. EXPERIENCE (CONSULT THE REGULATIONS FOR CERTIFICATION OF WASTEWATER FACILITY OPERATORS)

Highest Classification of Facility You Have Experience In: I II III IV I-C II-C

Name of Facility: _____

Type Treatment: _____ Permitted Flow: _____ MGD

Dates of Employment: From: _____ To: _____

If recently upgraded, date of upgrade completion: _____

VI. EMPLOYMENT RECORD (LIST ALL RELEVANT EXPERIENCE, INCLUDING CURRENT EMPLOYMENT)

Date(s) (mm/dd/yr)	Title	Employer	List ALL Duties (Be Specific)
From:			
To:		Phone:	
From:			
To:		Phone:	
From:			
To:		Phone:	
From:			
To:		Phone:	
From:			
To:		Phone:	
From:			
To:		Phone:	

Attach Professional Reference Form(s)

CLASS I – II – IC (Requires “1” Professional Reference Form) **CLASS III – IV – IIC** (Requires “2” Professional Reference Forms)

To the best of my knowledge, the experience listed herein is complete and accurate and I recommend the applicant for certification.

Supervisor's Signature

Date

INSTRUCTIONS

Type or **Print** all information.

Application must be **Fully** completed, **Signed**, and **Dated**

Must use an **Original Application**. **Copies** will **Not** be accepted.

- Section I** Provide full name and mailing address to which you want certificate and all official correspondence sent.
- Section II** Provide current employment information. **Must** include name and signature of immediate supervisor. Circle the classification of your current facility.
- Section III** Mark appropriate blanks and provide school information as requested. **Must** include a copy of High School Diploma, GED Certificate, or College Transcript as proof of education. Class IV applicants must have a minimum of a High School Diploma or GED equivalent. Classes I, II and III applicants may substitute additional experience for high school. Classes II, III and IV applicants may substitute education for experience. (Refer to **Regulations for the Certification of Municipal and Domestic Wastewater Facility Operators** for specific information)
- Section IV** Note which class certificate you are applying for and whether by MS Examination or Exam Reciprocity from another certifying authority. (**Must Attach Proof of Exam**)
- Section V** Provide information on the **highest classification** of facility you have operational experience in. This may be current or past experience.
- Section VI** List all employment you want to be considered for experience credit. Start with current or most recent first and work backward. Give a brief description of duties while in the position, **BE SPECIFIC**.
- Current Supervisor / Owner / Mayor must sign application attesting to experience record**
- Section VII** List all technical training you have received that you want considered for experience credit. You **Must** include contact hours. If course was given for college credit, note whether hours are Semester hours or Quarter hours.
- Section VIII** Be sure to include a check or money order payable to the **STATE OF MISSISSIPPI** for the **\$75.00** application fee. The application cannot be processed if the fee is not paid. Check or money order should be **stapled or clipped** to the application. **We are not responsible for lost checks if not attached.**
- Section IX** Be sure the application is **Signed** and **Dated** by the applicant. The application cannot be processed if not signed.

Attach appropriate number of Professional Reference forms and mail application to:

Attn: Accounts Receivable
Department of Environmental Quality
Office of Pollution Control
P. O. Box 2339
Jackson, MS 39225-2339

If, for any reason, certification is denied, the application and fee will be returned.
Allow 6 to 8 weeks for issuance of certificate

Be sure to keep a Copy of the Completed Application for your records