

# APPLICATION FOR RECIPROCITY

POLLUTION CONTROL OPERATOR CERTIFICATION

Mississippi Department of Environmental Quality

*Please read General Directions on page 4 before completing form*

## I. Applicant

Name: \_\_\_\_\_ Social Security (Last 4 #s): \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Phone (work): \_\_\_\_\_

II. Does the previous state in which you worked, require licensing? Y N

III. Wastewater Operator Certification No \_\_\_\_\_ Certifying state/ State Agency \_\_\_\_\_

## IV. Employment (current)

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Treatment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date employed: \_\_\_\_\_  
mm/yy - mm/yy

### FOR MDEQ USE ONLY

Fee Paid Date: \_\_\_\_\_ By: \_\_\_\_\_ Approved: Y N

Explanation: \_\_\_\_\_ Type Trmt: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Certificate Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

***"Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states." 73-50-2 MS Code 1972, "Universal Recognition of Occupational Licenses Act."***

A. I certify that I have not committed any act in the State of my previous licensure/employment that would have constituted grounds for refusal, suspension or revocation of a license to practice that occupation in Mississippi at the time the act was committed, and I do not have a disqualifying criminal record as determined by the occupational licensing board in Mississippi and under Mississippi law.

\_\_\_\_\_ initial

B. I certify that I did not surrender my license because of negligence or intentional misconduct related to my work in this occupation in another state.

\_\_\_\_\_ initial

C. I do not have a complaint, allegation or investigation pending before an occupational licensing board or other board in another state that relates to unprofessional conduct or an alleged crime.

\_\_\_\_\_ initial

V. Experience from the **HIGHEST** Classification of Facility in which you have experience

Name of Facility: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Permitted Flow: \_\_\_\_\_ MGD

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

VI. Employment Record (List all relevant experience)

Dates (mm/dd/yy)	Title/Employer	Permitted	List All Duties
From:			
To:			
From:			
To:			

VII. Application for reciprocity pursuant to 73-50-2 MS Code 1972, "Universal Recognition of Occupational Licenses Act", passed through 2021 regular session, puts forth the proof of residence requirement. Proof of residency shall include one of the following:

1. a utility bill with the applicant's name and address
2. documentation of the applicant's current ownership, or current lease of a residence in Mississippi
3. documentation of current in-state employment or notarized letter of promise of employment of the applicant or his spouse
4. any verifiable documentation demonstrating Mississippi residency

VIII. APPLICATION FEE: \$75.00 (Payable to the STATE of MISSISSIPPI)

Check Attached: \_\_\_\_\_ Money Order: \_\_\_\_\_ Other: \_\_\_\_\_

I hereby certify that the information contained within this application is true and accurate. I further understand that providing false information on this application is grounds for revocation of certification

IX. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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General Directions:

Type or print all information. Application must be **fully** completed, **signed** and **dated**.

- Section I: Provide **legal** name, email and mailing address to which you want certificate and all official correspondence sent.
- Section III: Provide the **state** and **agency** through which your current wastewater operator's license was issued. **Provide your current certification/license number**. You will need to **attach a copy (back and front) of your current certification/license**.
- Section IV: Provide the company name, address, phone number, the name of your supervisor, the title you held, the type of treatment plant (activated sludge, trickling filter, etc), and the dates of your employment
- Section V: Provide information on the **HIGHEST Classification** (most advanced with highest permitted flow) facility where you have work experience. This can be current or past experience.
- Section VI: List all employment you would like to be considered for your **one (1) year** experience towards certification through reciprocity.
- Section VII: You **must** provide proof of Mississippi residence.
- Section VIII: Include a check or money order, payable to the STATE OF MISSISSIPPI, for the \$75.00 application fee. The application CANNOT be processed until the fee is paid. Check or Money Order should be stapled or clipped to the application. The MDEQ is not responsible for lost checks if not attached. MDEQ is not responsible for lost mail. It is recommended that the application and fee be mailed with confirmation of delivery.
- Section IX: Ensure the application is **Signed and Dated by the applicant**. The application cannot be processed unless it is signed. Mail application and fee to:

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

If, for any reason, the 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.**