

**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