



Rhode Island Department of Health
Board of Certification for Drinking Water Operators

Application for Reciprocal Certification

Instructions:

1. Please fill out the application in full. Incomplete applications will be returned. If a question does not apply to you, enter N/A.
2. Print out and sign application.
3. Make copies of any required transcripts or diplomas and include them with this application.
4. Send application with a copy of your current operator certificate and transcripts to:
RIDOH – Center for Drinking Water Quality
3 Capitol Hill, Room 209, Providence, RI 02908

Contact Information			
Name (as it will appear on your license, no nicknames please)			
First Name:	Initial:	Last Name:	
Social Security Number: - -	Date of birth:		/ /

Home	
Address Line 1:	
Address Line 2:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
Email address:	

It is your responsibility to update RIDOH on all address and phone number changes.

Business/Employment (primary business/employer, whether in-state or out-of-state)	
Name of Business/Employer:	
Address Line 1:	
Address Line 2:	
City, State, Zip Code:	
Phone:	Fax:
Email address:	

Send RIDOH Public Mailings to: PLEASE CHECK ONE

Home Business/Employment

Education:

Did you graduate from an accredited high school? Yes No

IF NOT Did you obtain your General Equivalency Diploma (GED)? Yes No

College or University: Do you have any additional degrees? Please check all that apply.

Degree*

Associate's
Subject Area: _____

Bachelor's
Subject Area: _____

Master's
Subject Area: _____

If no degree, number of semester hours completed** _____ semester hours

*Copy of diploma **MUST** accompany all applications for Class 4 certification.

College transcript **MUST accompany all applications for Class 4 certification.

Operator Grade Information

1. State in which you are currently a certified operator: _____

2. Present grade(s) and type(s) of certification: _____

3. Date passed: (MM/DD/YY) / /

4. Expiration date of certification: (MM/DD/YY) / /

5. Certification board contact person from your state:

Name: _____ Telephone _____

Grade for which you are requesting reciprocity. Check only ONE.

Distribution: 1D 2D 3D 4D

Treatment: 1T 2T 3T 4T

VSS – Very Small System: Distribution Treatment

Your Experience – You must complete this.

Provide information about your past jobs that involved drinking water treatment, or distribution. List jobs in order, from your current job to your earliest job. Please make additional copies of this page, as needed to list all of your drinking water related jobs.

Present Position:

Job Title: _____

Start Date: (MM/DD/YY) / /

End Date: (MM/DD/YY) / /

Currently Employed

Employer's Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Are you an operator at this job? Yes No If yes, what grade(s) of license(s) do you hold: _____

List Duties and Responsibilities:

(Note – You may also attach a job description.)

If you work as an operator, please completed the questions below:

What is the classification of the Public Water System?

Distribution: 1D 2D 3D 4D

Treatment: 1T 2T 3T 4T

VSS – Very Small System: Distribution Treatment

What is the Public Water System ID Number? _____

How many years have you worked as an operator of this system? _____ years

Do you supervise employees? Yes No

Your Experience – Continued

Job Title: _____

Start Date: (MM/DD/YY) / /

End Date: (MM/DD/YY) / /

Employer's Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Were you an operator at this job? Yes No If yes, what grade(s) of license(s) did you hold: _____

List Duties and Responsibilities:

(Note – A job description may also be attached to this application.)

If yes to above, answer the following questions:

What is the classification of the Public Water System?

Distribution: 1D 2D 3D 4D

Treatment: 1T 2T 3T 4T

VSS – Very Small System: Distribution Treatment

What is the Public Water System ID Number? _____

How many years did you work as an operator of this system? _____ years

Did you supervise employees? Yes No

Affidavit – Please read, sign and date below.

“I, _____, do solemnly swear (affirm) that I am the applicant named
Print Name
in this application, that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.”

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes due the State or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Sign and Date

Signature of Applicant

Date of Signature (MM/DD/YY)

You must include your SSN on page 1 of this application. By State law, we must send it to the Rhode Island Division of Taxation.