NEW YORK STATE DEPARTMENT OF HEALTH
Division of Environmental Protection
Flanigan Square, Rm. 400
547 River Street
Troy, NY 12180-2216

Application For Water Operator Certification Course

Instructions: **Applicant** - Complete Sections A through C and submit to the appropriate school. Obtain address from the local public health official. Submit entire application when applying for certification. **DO NOT detach any part of this application.**

SECTION A. PERSONAL INFORMATION

1. Name _____ (Last) (First) (MI)

2. Soc. Sec. # Do Not Collect Social Security Number

3. Address _____ (No. & Street)

_____ (City, Town, Village) (State) (Zip Code)

4. Telephone No. (☐☐☐) ☐☐☐ ☐☐☐☐

SECTION B. EMPLOYMENT INFORMATION

1. Name of Employer _____ (Last) (First) (MI)

2. Address _____ (No. & Street)

_____ (City, Town, Village) (State) (Zip Code)

3. Telephone No. (☐☐☐) ☐☐☐ ☐☐☐☐ County of Employment _____

SECTION C. COURSE INFORMATION

1. Name of Course: Water Operator Course, Grade ☐ Adv. Oper. ☐ Supv. Mgmt. ☐ A ☐ B ☐ C ☐ D

2. Where will the course be taught? _____

3. Dates of course _____

SECTION D. VERIFICATION OF COURSE COMPLETION. To be completed by Instructor.

Instructor must submit copies of the completed form to the Bureau of Public Water Supply Protection and to the local public health office.

1. Course Name: Grade _____ Water Operator Course

2. Student's Name _____ Soc. Sec. # Do Not Collect Social Security Number
(Last) (First) (MI)

3. Classroom Portion ☐ Passed ☐ Failed

4. Laboratory Proficiency Test ☐ Passed ☐ Failed

REMARKS: _____

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_____ _____
(Instructor's Signaure) (Date)