



Florida Water & Pollution Control Operators Association
A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

**VOLUNTARY CERTIFICATION APPLICATION FORM
STORMWATER MANAGEMENT**

Location of School: _____ Date/s of School: _____

Address: _____

- * THIS ORIGINAL APPLICATION MUST BE RETURNED TO THE FW&PCOA TRAINING OFFICE.
- * THIS APPLICATION WILL BE RETURNED IF THE ORIGINAL IS NOT PROVIDED AND ALL NECESSARY DOCUMENTATION IS NOT ATTACHED (SEE THE SECTION ON CERTIFICATION EXAMS ON PAGE 2 FOR THE REQUIRED ATTACHMENTS).
- * FORM MUST BE SIGNED BY YOU AND YOUR SUPERVISOR.
- * REGISTRATION MUST BE RECEIVED BY THE TRAINING OFFICE NO LATER THAN 30 DAYS PRIOR TO SCHOOL.

NAME: _____ Last 4 digits of SS#: _____

MAILING ADDRESS: _____
(House Number) (Street/Ave) (Apt #)

(City) (County) (State) (Zip)

Work Phone: () Fax: ()

Employer: _____ Job Title: _____

Email Address: _____ License # (for CEU): _____

PLACE AND "X" NEXT TO THE APPROPRIATE LEVEL OF TRAINING AND/OR EXAM:

Stormwater C:	_____ course & exam	_____ exam only	_____ CEU (DW/WW02014026, 3.0 CEU)
Stormwater B:	_____ course & exam	_____ exam only	_____ CEU (DW/WW02014025, 3.0 CEU)
Stormwater A:	_____ course & exam	_____ exam only	_____ CEU (DW/WW02014024, 3.0 CEU)

NO ACTUAL EXPERIENCE IS REQUIRED FOR CEU. STUDENTS MUST MEET ATTENDANCE REQUIREMENTS.

VOLUNTARY CERTIFICATION EXAMS REQUIRE "HANDS-ON" EXPERIENCE IN THE FIELD. THE DUTIES LISTED BELOW MUST BE SPECIFIC TO STORMWATER SYSTEM OPERATION OR THE APPLICATION WILL BE RETURNED.

List all employers where Stormwater experience is gained, starting with the most recent employer. The employer's phone number must be included. Use an additional sheet of paper if necessary.

Employer: _____ Phone: ()

Dates of Employment: From _____ to _____

Specific Job Duties: _____

Employer: _____ Phone: ()

Dates of Employment: From _____ to _____

Specific Job Duties: _____

LIST ALL FW&PCOA VOLUNTARY CERTIFICATIONS AND/OR FLORIDA LICENSES CURRENTLY HELD:

Certification/License Type: _____ Class: _____ Certificate #: _____ Date Issued: _____
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TEXTBOOK: The FW&PCOA will provide a textbook to students taking both the course and certification exam.

CERTIFICATION EXAMS: The entry-level Class C, the intermediate level Class B, and the advanced level Class A exams will be given by the FW&PCOA Voluntary Certification Board on a specified examination date. The Board will issue a Voluntary Certification when the applicant satisfies all of the following qualifications for the class of certification being applied for. The FW&PCOA reserves the right to deny access to the certification exam by an unqualified applicant.

CLASS C: (A) Must be at least 18 years of age. (B) **Must attach a copy of a high school diploma or equivalent.** (C) Must have accumulated at least 1 year (2,080 hours) of documented "Hands-On" experience in the field. (D) Must successfully complete the FW&PCOA Class C Technology training course. (E) Must pass the Class C written exam.

CLASS B: (A) Must have an FW&PCOA Class C Certification. (B) Must have accumulated 3 years (6,240 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class B Technology training course. (D) Must pass the Class B written exam.

CLASS A: (A) Must have an FW&PCOA Class B Certification. (B) Must have accumulated 5 years (10,400 hrs.) of documented "Hands-On" experience in the field. (C) Must successfully complete the FW&PCOA Class A Technology training course. (D) Must pass the Class A exam.

REQUEST FOR AN ORAL EXAM: Applicants requesting an oral exam must attach documentation from a licensed medical practitioner that complies with the Americans with Disabilities Act (ADA). Yes, I request an oral exam.

NOTE: FALSE OR INCORRECT INFORMATION PROVIDED ON THIS APPLICATION FORM AND ACKNOWLEDGED AS BEING TRUE AND CORRECT BY THE SUPERVISOR AND APPLICANT SIGNATURES WILL RESULT IN AN ETHICS HEARING THAT COULD RESULT IN THE SUSPENSION OR REVOCATION OF ANY AND ALL EXISTING FW&PCOA CERTIFICATIONS HELD BY EITHER PARTY EXECUTING THIS DOCUMENT.

SUPERVISOR'S VERIFICATION: By signing this application form, I AFFIRM that I have reviewed this completed application and CERTIFY that, to the best of my knowledge, the information stated herein is true, complete, and accurate. I recommend that the applicant be considered for certification by the FW&PCOA Voluntary Certification Board.

Supervisor's Signature: _____ Title: _____

Printed Name: _____ Phone: _____

APPLICANT'S VERIFICATION: By signing this application form, I certify that the information contained in this application is true, complete, and accurate.

Applicant's Signature: _____ Date: _____

FEES (Payable to FW&PCOA):

Course & Exam, includes textbook: \$355.00
Exam Only: \$100.00

SEND Pages 1 and 2 of the completed application, with attachments, by one of the following methods:

BY MAIL: FW&PCOA Training Office
4401 S Hopkins Ave, Ste 108
Titusville, FL 32780-6679

BY EMAIL: fwpcoa@gmail.com

BY FAX: (321) 383-9691