



**APPLICATION FOR CERTIFICATION AS A
 WATER TREATMENT OPERATOR**

INSTRUCTIONS

Submit the following with your application to the above address:

- Check or Money Order only, in the amount of \$50 made payable to SCECB for initial licensure or reciprocity. **Fee is non-refundable. NO CASH IS ACCEPTED.**
 A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID or Passport.
- Copy of your social security card.
- Legal documentation of name change (marriage certificate, divorce decree, etc), if applicable.

APPLICANT INFORMATION

Full Name: _____ Maiden: _____

Home Address: _____ County: _____
 (Street, City, State & Zip)

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

CHECK ONE: Mail all correspondence to: Employer Home

Employer: _____ Position Title: _____

Address: _____ County: _____
 (Street, City, State & Zip)

Business Phone: _____ Fax: _____

EMPLOYMENT

1. Are you presently working as a water treatment operator? YES NO
 If yes, how long? _____

2. Is the water treatment system you work for classified by the South Carolina Department of Health and Environmental Control? (DHEC) YES NO

3. What is the name of the system you work with? _____

4. What date did you begin working at the water treatment facility where you are now employed? _____

5. Who is the operator-in-charge? _____

6. What is the operator-in-charge's license number? _____

7. Describe the work that you perform. _____

DO NOT WRITE BELOW- FOR BOARD USE ONLY

Check # _____ Certificate No. _____ Reciprocity _____

PRIOR CERTIFICATION

Are you now, or have you ever been, certified as a water treatment operator in any state including South Carolina?

If yes, please provide the information requested in the following chart.

YES NO

State in Which Certified	Highest Level	Certificate Number	Date of Certification	Is Certification Now in Effect?	Was an Examination Administered?

RECIPROCITY REQUEST

Name of the agency that can verify your certification: _____

Address: _____
(Street, City, State & Zip)

Phone No.: _____

Fax No.: _____

EDUCATION

Have you completed high school or the equivalent?

YES NO

School: _____

High School Graduation: _____

Date GED Received: _____

Other: _____

NOTE:

There is no minimum education requirement for certification as a trainee. However, proof of high school completion or the equivalent must be submitted prior to being promoted to the "E" level of certification.

After the trainee has obtained one year of actual operating experience and has passed the "D" and "C" level exams, relevant educational credit may be substituted for additional experience. For such substitution to be considered, an official copy of the trainee's college transcript must be provided to the Board of Certification.

PERSONAL HISTORY

Answer all the questions below; you are required to include a written statement with your application for any questions marked "Yes". If you answer "Yes" to an arrest or conviction; you will need to attach a criminal background check from your state of residence (i.e., SLED, etc.).

1. Have you been convicted of or pled guilty to any felony, non-felony crime involving drugs or moral turpitude, or environmental law? (You may exclude expunged crimes and crimes handled in juvenile court.) YES NO
2. Have you ever been denied certification by any state? YES NO
3. Has any state ever revoked, suspended and/or invalidated a certificate issued to you? YES NO

Every person engaged in the practice of water treatment operations must hold a valid certificate of registration issued by the Environmental Certification Board. Application for certification must be in the Board's office within ninety (90) days of beginning employment as a water treatment operator.

Employers, Supervisors and Licensees are responsible for notifying the board, within fifteen days, whenever employment in a position requiring certification is begun or terminated.

To be eligible for certification as a water treatment operator, one must meet the experience requirements (relative to each certification level) established by the Board, and pass the certification examination for the "D", the "C", the "B", and the "A" level(s) (depending on the highest level one wishes to reach).

ATTESTATION

I, _____, hereby make application for certification as a water treatment operator in the State of South Carolina, in accordance with Section 40-23-300 of the South Carolina Code of Laws, 1976. In doing so, I affirm that I will perform my duties as an operator as required by law and will obey all rules and regulations promulgated by the South Carolina Environmental Certification Board. Further, I certify that all information given on this application is correct to the best of my knowledge. Incorrect statements may be cause for return, disapproval, suspension or revocation of the application.

Signature of Applicant

Date

Recommendation

This section is to be completed by the applicant's supervisor, plant's owner, municipal officer or the operator of record.

I have reviewed this application, find it in order and recommend that the applicant be considered for appropriate certification, under my supervision. In addition, I understand that it is my responsibility to notify the Board within fifteen (15) days if the employment status of the applicant changes.

Signature of Supervisor

Date

Print Supervisor Name

Supervisor's License Number

Privacy Disclosure

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)