

## South Carolina Department of Labor, Licensing and Regulation

# South Carolina Environmental Certification Board

P.O. Box 11409 • Columbia, SC 29211 Phone: 803-896-4430 Fax: 803-704-6772 www.llr.sc.gov/env/



# **EXPERIENCE VERIFICATION INSTRUCTIONS**

# **Procedure for Verification of Actual Operating Experience**

#### **Form Instructions**

- 1. In order to document the one (1) year of actual operating experience required for each level of promotion, the DHEC appointed Operator of Record for the referenced facility must complete, sign and submit this form to the Board. Operators are encouraged to submit the forms electronically to <a href="Contact.Environmental@llr.sc.gov">Contact.Environmental@llr.sc.gov</a>. Incomplete forms will be returned unprocessed.
- 2. The required experience verification form MUST contain the following information:
  - A. Operator's Name
  - B. License Area (Water Treatment, Biological or Physical/Chemical Wastewater, Water Distribution)
  - C. Current License Number and Level
  - D. Name and address of facility where operating experience was gained include SC DHEC system or permit number associated with referenced facility
  - E. Name and title of immediate supervisor of applicant
  - F. Description of type of work performed at referenced facility
  - G. Requested license level for referenced facility
  - H. Average hours worked per week at referenced facility
  - I. Total time worked at referenced facility both full time and part time- to be considered for this level of certification
  - J. Dates of employment at above-referenced facility that is to be considered for **the one year's experience** for the requested level of licensure.
  - K. List the name and license number of the facility operator of record certifying that actual operating experience has been obtained. If you are the "Operator of Record" you will need to note this on the form and list the name of your supervisor.

## **Work Experience Calculation**

- 1. Actual operating experience begins on the day the application is accepted by LLR. In instances where the applicant has been employed by the facility and has been working in the selected area of the permit sought, up to ninety (90) days of work experience credit may be applied.
- 2. Work Experience Substitutions: Both degree and non-degree related education credits may be considered by the Board towards the A, B, and C levels of licensure; once you have obtained your D level license. The Board will only consider credit for math and science courses. 30 hours of Board approved educational credits = one year of work experience. Military experience, Board approved Operator Certification programs, and Board approved Apprenticeship programs may also be considered towards work experience credit. Official transcripts and/or course completion documentation must be submitted to the Board for review. All applicants must complete one year of actual operating experience and pass the appropriate examinations before educational experience will be considered.

# **EXPERIENCE VERIFICATION**

# To Be Completed by Operator of Record:

Name o	of Licensee:			License Number:
	First	Middle	Last	License Type (check one):
Name of Facility:				☐ Biological Wastewater
Facility Permit #:				☐ Physical/Chemical Wastewater
Busines	ss Mailing Address:			☐ Water Distribution
				— □ Water Treatment
City	into Companiana of Apolica	State	Zip Code	itle of Increasing Companying
				itle of Immediate Supervisor:
Describ	e type of work experience	e in the following: (Attach	additional sheets if ne	eded to adequately describe the categories.)
a.	Treatment process, mor	nitoring, evaluating and ad	justing:	
b.	o. Operation of process equipment and instrumentation:			
C.	Maintenance of process equipment and instrumentation:			
d.	Collection of samples and interpretation of analysis:			
e.	Plant process control laboratory analysis:			
f.	Plant security, safety and administrative procedures:			
g.	Other:			
_				
Requested License Level:			DO NOT WRITE BELOW – BOARD USE ONLY	
Averag	e Hours Worked Per Wee	k: Full Time:	Part Time:	APPLICATION DATE:
Employment Dates: From: To:				'E': 'D':
THE UNDERSIGNED, IN MAKING THIS VERIFICATION TO THE SOUTH CAROLINA				'C':
BOARD OF ENVIRONMENTAL CERTIFICATION, SWEARS (OR AFFIRMS) THAT THE				<i>t</i> = 1
				'A':
HIS (OF	R HER) KNOWLEDGE AND	BELIEF.		
Signatu	re of Operator on Record	:		
Name o	of Operator on Record:			License # of Operator on Record:
Telephone: Da				Date: