

# Reciprocity Application for Ohio Water and Wastewater Certification

## 1. Biographic Information

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Print Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (I)

Mailing Address: \_\_\_\_\_ (Number) \_\_\_\_\_ (Street)

\_\_\_\_\_, \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_, \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Business Phone)

## 2. Application Fee: \$45.00 (Non-refundable)

**Class IV certification shall not be issued by reciprocity.**

**See Ohio Administrative Code 3745-7-13 for regulations regarding reciprocity.**

All statements in this application are made under oath and are subject to investigation by Ohio EPA. All checks and money orders must be made payable to Treasurer, State of Ohio. All fees are non-refundable. All applications shall be typed or printed legibly in ink and mailed to Ohio EPA, Office of Fiscal Administration, P.O. Box 1049, Columbus, Ohio 43216-1049. Failure to complete all sections may cause this application to be disapproved. Applicant's qualifications will be determined from this application.

### FOR AGENCY USE ONLY

Check No. \_\_\_\_\_ Check I.D. \_\_\_\_\_  
 Check Date \_\_\_\_\_ Revenue I.D. \_\_\_\_\_  
 Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Needed \_\_\_\_\_ Accepted \_\_\_\_\_  
 Rejected \_\_\_\_\_  
 Total \_\_\_\_\_

### FOR RECIPROCIITY ONLY Water Wastewater

State: \_\_\_\_\_ Level: \_\_\_\_\_

## 3. Education

a) High School graduate or GED:  yes  no  
 b) College graduate:  yes  no  
 If no, number of years completed: \_\_\_\_\_  
 If yes,  BA  BS  2 year  Other  
 Major: \_\_\_\_\_

## 4. Valid Ohio Certificates You Currently Hold

	Circle Correct Class			
Water Treatment	I	II	III	IV
Water Distribution	I	II		
Wastewater Treatment	I	II	III	IV
Wastewater Collection	I	II		

## 5. Current Supervisor:

Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I certify that the statements on this application are true to the best of my knowledge and belief based on my supervision of the applicant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 6. Notarized Oath

THIS APPLICATION WILL NOT BE ACCEPTED IF OATH IS OMITTED

I, the undersigned, do solemnly swear that I am the applicant; that all statements made and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and that I understand any omissions or misrepresentations my result in ineligibility for the examination applied for or revocation of any certificate granted. I also consent to a thorough investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.

Signature of Applicant: \_\_\_\_\_

Subscribed and duly sworn to before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, county of \_\_\_\_\_, and state of \_\_\_\_\_.

Signature of Officer: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

