



**DEPARTMENT OF ENVIRONMENT AND CONSERVATION**  
**Water/Wastewater Operator Certification**  
**Application for Certification of Competency**  
**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

**Important Information**

An original, sworn and signed application must be filed with the Certification Office a minimum of sixty days (postmark date) prior to the examination date and must be accompanied by a \$100.00 non-refundable application fee for examination. Applications received less than sixty days prior to an exam will be considered for the next scheduled exam. Information regarding incomplete applications must be returned in writing within ten days after receipt of request, or prior to the Board meeting (whichever comes first), or application will be denied. Copies of the original application are not acceptable.

Applicants requesting disability accommodation for the Water and Wastewater Certification Examinations must give notice to the Operator Certification Board by marking the "Disability" section on page 6 of the "Application for Certificate of Competency". The application must be completed and submitted as specified in Rule 0400-49-.01.

In order to process an application for certification as a water or wastewater operator, we have to ask for certain personal identity information. It is required that you submit this information under state and federal law T.C.A. §36-5-711 and 42 USC §654a. This information is for the use of the department and is not disclosed to the public.

Verification of work experience must be provided in a written document signed by a certified operator of similar or higher classification, familiar with the applicant's work experience.

All applicants for professional licenses from the state must attest that they are lawfully present in the United States. The applicant must state whether he or she is a U.S. Citizen or a qualified alien on the application form. If the applicant claims to be a U.S. citizen, one of the following must be presented: a Tennessee state-issued ID or driver's license, birth certificate issued by a U.S. State, a valid, unexpired U.S. Passport or a social security card. If the applicant claims qualified alien status, the applicant must present two documents that have been determined to be acceptable by the U.S. Department of Homeland Security through its SAVE verification program.

Read the application carefully and follow the instructions on the application. The information provided will be used to determine your qualifications to take the exam. An incomplete application will cause delays and possible denial of your application for this examination. Be sure to complete each area of the application and include all required documentation.

Applications with job descriptions that conflict with previous examination applications will be denied.

The "Rules Governing Operator Certification" provide for the revocation of the certificate and the assessment of a civil penalty if it is determined that the certificate was obtained through fraud, deceit or by the submission of inaccurate data regarding your qualifications on the application for a certificate.

**Instructions for Completing the Application**

1. Check "by examination" or "by reciprocity". Reciprocity application should indicate state, license classification and license number.
2. Circle one (1) classification. A separate application must be submitted for each classification for which you are applying. There is a \$100 nonrefundable fee for each classification of certification for which you apply.
3. Complete all the personal information. All correspondence concerning your application will be sent to the address on the application.
4. Complete the education section. A copy of your high school diploma or GED must be submitted with your application unless you have one on file or are having transcripts submitted.
5. College transcripts must be submitted directly to the Board by the college or university, if college work is being claimed as credit for experience, or the degree is required.
6. List all courses related to operations and attach proof of completion. If you are enrolled in a course, that may be noted as well.
7. Job pages - The job page should accurately reflect the work activities you perform on your job for the time period specified.

Begin with your present employment and work backwards listing your experience. Complete a job page for each job. Each time you changed employers or each time your duties significantly changed, complete a new job page. If you need additional pages, make copies and attach them to the application.

The top of each job page asks for the beginning and ending employment dates. This should reflect the month and year you began this job or these activities and the month and year you ended this job and activities.

You will notice four sections (or Work Areas) on each job page. One for Water Treatment, Distribution System Operation, Wastewater Treatment and Collection System Operation. You should use the checklist to document ALL experience that you have in EACH Work Area. At the end of each Work Area you will notice the "Total % time spent in the above checked activities" blank. You should specify the percentage of your total time dedicated to this Work Area. The entire job page should not total more than 100%. If you held more than one position with the same employer with different duties or different levels of responsibility, list the positions separately as though they were for separate employers.

List any duties not covered at the bottom of the page or feel free to attach additional information.

8. The application must be signed.

# APPLICATION FOR CERTIFICATE OF COMPETENCY

## Water and Wastewater Operator Certification Board

1. Mark either "Examination" or "Reciprocity" to indicate how you want your application considered. Reciprocity applicants should indicate state, license classification, and license number.

Application for Certification by: Exam \_\_\_\_ Reciprocity \_\_\_\_ (If reciprocity) State \_\_\_\_ Class \_\_\_\_ No. \_\_\_\_

Do you presently hold a water or wastewater certificate in the state of Tennessee? Yes \_\_\_\_ No \_\_\_\_

2. Circle only 1 classification. A separate application must be submitted for each classification for which you are applying.

**Wastewater Classifications**

**Water Classifications**

**For Board Use Only**

Biological Natural

Small Water System

Wastewater Treatment 1

Water Treatment 1

Wastewater Treatment 2

Water Treatment 2

Wastewater Treatment 3

Water Treatment 3

Wastewater Treatment 4

Water Treatment 4

Collection Systems 1

Distribution Systems 1

Collection Systems 2

Distribution Systems 2

Education \_\_\_\_\_

Months of Experience \_\_\_\_\_

Work O.E. \_\_\_\_\_

College O.E. \_\_\_\_\_

Related O.E. \_\_\_\_\_

TOTAL \_\_\_\_\_

Recommendation \_\_\_\_\_

Reviewer \_\_\_\_\_

Date \_\_\_\_\_

Date of Exam \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Complete all of the following personal information. All correspondence concerning your application will be sent to the address entered below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment County: \_\_\_\_\_ Resident County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Currently Employed At: \_\_\_\_\_

Tennessee Facility I.D. Number: PWSID# \_\_\_\_\_ NPDES# \_\_\_\_\_

I Am A United States Citizen: \_\_\_\_ Yes \_\_\_\_ No

Check the examination type: Electronic \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eye Color \_\_\_\_\_

Sex \_\_\_\_\_

4. A copy of your high school diploma or GED certificate must be submitted with your application unless you have one on file or are having college transcripts submitted.

Are you a high school graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of graduation \_\_\_\_\_

If not, do you have a GED certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date received GED \_\_\_\_\_

5. If a college degree is required for the classification for which you are applying or if college work is being claimed as credit for experience, transcripts must be submitted directly to the Board by the college or university. If you are only using your college transcript for proof of high school education, the transcript does not have to be mailed from the school.

Have you graduated from a college or university? Yes \_\_\_\_\_ No \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

6. List courses and seminars which relate to water/wastewater operations. Proof of successful completion must be included, and course descriptions or catalogs should be attached.

**School, Seminars, and Other Training in Water or Wastewater Operations**

Course	Provider	Length of course

**Instructions for Completing Job Pages:**

7. The following three pages are available for describing related job activities. Complete a job page for each related job. If you need additional pages, make copies of these pages and attach to this application. The information provided will be used to determine your qualifications to take the exam.

Begin with your present or most recent job. List NPDES or PWSID numbers for Tennessee facilities. For each facility that does not have a Tennessee I.D. number, request and complete a Supplement A/B Form.

On each job page are four checklist sections describing operating activities. Place a check mark beside each activity you performed while in that job. At the bottom of each section, list the total percent of time required to perform the activities checked. If the checklist does not adequately describe all of your duties and experience, use the blanks at the bottom of the page for additional information. The total percentage for any job page must not exceed 100%.

**To reach your local  
REGIONAL ENVIRONMENTAL FIELD OFFICE  
Call 1-888-891-8332 OR 1-888-891-TDEC**

**Job A: (List most recent position.) (For instructions, see Number 7, page 3.)**

(Do not show more than 100% for your TOTAL activities in this job.)

Employed: From           To           Title of Your Position: \_\_\_\_\_  
Mo Yr Mo Yr

Facility At Which Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

TN NPDES # \_\_\_\_\_ or TN PWSID # \_\_\_\_\_ Average Number Hours Worked Per Week: \_\_\_\_\_

**Water Treatment Operations Section**

The following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |  |  |
|--|--|
| <input type="checkbox"/> Operation & maintenance (O & M) of pretreatment systems | <input type="checkbox"/> Performance of laboratory control tests                                       |
| <input type="checkbox"/> O & M of coagulant feed systems                         | <input type="checkbox"/> Interpret laboratory results and make adjustments to improve effluent quality |
| <input type="checkbox"/> O & M of filtration systems                             | <input type="checkbox"/> O & M of pumps and motors   |
| <input type="checkbox"/> O & M of fluoride feed systems                          | <input type="checkbox"/> Plant & ground maintenance  |
| <input type="checkbox"/> O & M of stabilization feed systems                     |  |
| <input type="checkbox"/> O & M of hypochlorination and gas chlorination systems  |  |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Distribution System Operations Section**

The following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |   |
|---|---|
| <input type="checkbox"/> Operation & maintenance (O & M) of pumps | <input type="checkbox"/> Pipeline installation    |
| <input type="checkbox"/> O & M of booster station                 | <input type="checkbox"/> Installation of taps     |
| <input type="checkbox"/> O & M of fire hydrants                   | <input type="checkbox"/> Leak detection           |
| <input type="checkbox"/> O & M of valves                          | <input type="checkbox"/> Leak repairs             |
| <input type="checkbox"/> O & M of storage tanks                   | <input type="checkbox"/> Meter reading            |
| <input type="checkbox"/> Distribution system flushing             | <input type="checkbox"/> Cross Connection Control |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Wastewater Treatment Operations Section**

The following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |   |
|---|---|
| <input type="checkbox"/> Interpret process control data for plant operations  | <input type="checkbox"/> Adjustment of wastewater levels or flow patterns through a lagoon system                   |
| <input type="checkbox"/> Cleaning and maintenance of preliminary treatment, such as bar screens, grit chambers, comminutors, etc. | <input type="checkbox"/> Control of recirculation rates to trickling filters or rotating biological contactor (RBC) |
| <input type="checkbox"/> Control of solids pumping from clarifiers  | <input type="checkbox"/> Operation of chlorine feed rates for disinfection  |
| <input type="checkbox"/> Control of scum removal in clarifiers  | <input type="checkbox"/> Operation of digesters and/or solids conditioning processes                                |
| <input type="checkbox"/> Control of return and waste sludge rates   | <input type="checkbox"/> Perform laboratory control tests   |
| <input type="checkbox"/> Control of aeration rates  | <input type="checkbox"/> Interpret lab results to improve effluent quality  |
| <input type="checkbox"/> Perform calculations and use them to operate and control plant   |   |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Collection System Operations Section**

The following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |  |
|---|--|
| <input type="checkbox"/> Operation & maintenance (O & M) of pumps | <input type="checkbox"/> Manhole maintenance and repairs |
| <input type="checkbox"/> O & M of lift stations                   | <input type="checkbox"/> Leak detection                  |
| <input type="checkbox"/> O & M of valves                          | <input type="checkbox"/> Line repair                     |
| <input type="checkbox"/> Line installation                        | <input type="checkbox"/> Line cleaning                   |
| <input type="checkbox"/> Installation of service connections      | <input type="checkbox"/> Work on t.v. crew               |
| <input type="checkbox"/> O & M of lines and equipment             |  |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

% Time	List any duties not covered in the sections above.

**Job B: (For instructions, see Number 7, page 3.)**

(Do not show more than 100% for your TOTAL activities in this job.)

Employed: From           To           Title of Your Position: \_\_\_\_\_  
Mo Yr Mo Yr

Facility At Which Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

TN NPDES # \_\_\_\_\_ or TN PWSID # \_\_\_\_\_ Average Number Hours Worked Per Week: \_\_\_\_\_

**Water Treatment Operations Section**

The following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |  |  |
|--|--|
| <input type="checkbox"/> Operation & maintenance (O & M) of pretreatment systems | <input type="checkbox"/> Performance of laboratory control tests                                       |
| <input type="checkbox"/> O & M of coagulant feed systems                         | <input type="checkbox"/> Interpret laboratory results and make adjustments to improve effluent quality |
| <input type="checkbox"/> O & M of filtration systems                             | <input type="checkbox"/> O & M of pumps and motors   |
| <input type="checkbox"/> O & M of fluoride feed systems                          | <input type="checkbox"/> Plant & ground maintenance  |
| <input type="checkbox"/> O & M of stabilization feed systems                     |  |
| <input type="checkbox"/> O & M of hypochlorination and gas chlorination systems  |  |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Distribution System Operations Section**

The following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |   |
|---|---|
| <input type="checkbox"/> Operation & maintenance (O & M) of pumps | <input type="checkbox"/> Pipeline installation    |
| <input type="checkbox"/> O & M of booster station                 | <input type="checkbox"/> Installation of taps     |
| <input type="checkbox"/> O & M of fire hydrants                   | <input type="checkbox"/> Leak detection           |
| <input type="checkbox"/> O & M of valves                          | <input type="checkbox"/> Leak repairs             |
| <input type="checkbox"/> O & M of storage tanks                   | <input type="checkbox"/> Meter reading            |
| <input type="checkbox"/> Distribution system flushing             | <input type="checkbox"/> Cross Connection Control |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Wastewater Treatment Operations Section**

The following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |   |
|---|---|
| <input type="checkbox"/> Interpret process control data for plant operations  | <input type="checkbox"/> Adjustment of wastewater levels or flow patterns through a lagoon system                   |
| <input type="checkbox"/> Cleaning and maintenance of preliminary treatment, such as bar screens, grit chambers, comminutors, etc. | <input type="checkbox"/> Control of recirculation rates to trickling filters or rotating biological contactor (RBC) |
| <input type="checkbox"/> Control of solids pumping from clarifiers  | <input type="checkbox"/> Operation of chlorine feed rates for disinfection  |
| <input type="checkbox"/> Control of scum removal in clarifiers  | <input type="checkbox"/> Operation of digesters and/or solids conditioning processes                                |
| <input type="checkbox"/> Control of return and waste sludge rates   | <input type="checkbox"/> Perform laboratory control tests   |
| <input type="checkbox"/> Control of aeration rates  | <input type="checkbox"/> Interpret lab results to improve effluent quality  |
| <input type="checkbox"/> Perform calculations and use them to operate and control plant   |   |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Collection System Operations Section**

The following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |  |
|---|--|
| <input type="checkbox"/> Operation & maintenance (O & M) of pumps | <input type="checkbox"/> Manhole maintenance and repairs |
| <input type="checkbox"/> O & M of lift stations                   | <input type="checkbox"/> Leak detection                  |
| <input type="checkbox"/> O & M of valves                          | <input type="checkbox"/> Line repair                     |
| <input type="checkbox"/> Line installation                        | <input type="checkbox"/> Line cleaning                   |
| <input type="checkbox"/> Installation of service connections      | <input type="checkbox"/> Work on t.v. crew               |
| <input type="checkbox"/> O & M of lines and equipment             |  |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

% Time	List any duties not covered in the sections above.

**Job C: (For instructions, see Number 7, page 3.)**

(Do not show more than 100% for your TOTAL activities in this job.)

**Employed: From**           **To**           **Title of Your Position:** \_\_\_\_\_  
Mo Yr Mo Yr

**Facility At Which Employed:** \_\_\_\_\_ **Immediate Supervisor:** \_\_\_\_\_

**TN NPDES #** \_\_\_\_\_ **or TN PWSID #** \_\_\_\_\_ **Average Number Hours Worked Per Week:** \_\_\_\_\_

**Water Treatment Operations Section**

The following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |  |  |
|--|--|
| <input type="checkbox"/> Operation & maintenance (O & M) of pretreatment systems | <input type="checkbox"/> Performance of laboratory control tests                                       |
| <input type="checkbox"/> O & M of coagulant feed systems                         | <input type="checkbox"/> Interpret laboratory results and make adjustments to improve effluent quality |
| <input type="checkbox"/> O & M of filtration systems                             | <input type="checkbox"/> O & M of pumps and motors   |
| <input type="checkbox"/> O & M of fluoride feed systems                          | <input type="checkbox"/> Plant & ground maintenance  |
| <input type="checkbox"/> O & M of stabilization feed systems                     |  |
| <input type="checkbox"/> O & M of hypochlorination and gas chlorination systems  |  |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Distribution System Operations Section**

The following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |   |
|---|---|
| <input type="checkbox"/> Operation & maintenance (O & M) of pumps | <input type="checkbox"/> Pipeline installation    |
| <input type="checkbox"/> O & M of booster station                 | <input type="checkbox"/> Installation of taps     |
| <input type="checkbox"/> O & M of fire hydrants                   | <input type="checkbox"/> Leak detection           |
| <input type="checkbox"/> O & M of valves                          | <input type="checkbox"/> Leak repairs             |
| <input type="checkbox"/> O & M of storage tanks                   | <input type="checkbox"/> Meter reading            |
| <input type="checkbox"/> Distribution system flushing             | <input type="checkbox"/> Cross Connection Control |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Wastewater Treatment Operations Section**

The following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |   |
|---|---|
| <input type="checkbox"/> Interpret process control data for plant operations  | <input type="checkbox"/> Adjustment of wastewater levels or flow patterns through a lagoon system                   |
| <input type="checkbox"/> Cleaning and maintenance of preliminary treatment, such as bar screens, grit chambers, comminutors, etc. | <input type="checkbox"/> Control of recirculation rates to trickling filters or rotating biological contactor (RBC) |
| <input type="checkbox"/> Control of solids pumping from clarifiers  | <input type="checkbox"/> Operation of chlorine feed rates for disinfection  |
| <input type="checkbox"/> Control of scum removal in clarifiers  | <input type="checkbox"/> Operation of digesters and/or solids conditioning processes                                |
| <input type="checkbox"/> Control of return and waste sludge rates   | <input type="checkbox"/> Perform laboratory control tests   |
| <input type="checkbox"/> Control of aeration rates  | <input type="checkbox"/> Interpret lab results to improve effluent quality  |
| <input type="checkbox"/> Perform calculations and use them to operate and control plant   |   |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

**Collection System Operations Section**

The following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- |   |  |
|---|--|
| <input type="checkbox"/> Operation & maintenance (O & M) of pumps | <input type="checkbox"/> Manhole maintenance and repairs |
| <input type="checkbox"/> O & M of lift stations                   | <input type="checkbox"/> Leak detection                  |
| <input type="checkbox"/> O & M of valves                          | <input type="checkbox"/> Line repair                     |
| <input type="checkbox"/> Line installation                        | <input type="checkbox"/> Line cleaning                   |
| <input type="checkbox"/> Installation of service connections      | <input type="checkbox"/> Work on t.v. crew               |
| <input type="checkbox"/> O & M of lines and equipment             |  |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: \_\_\_\_\_

% Time	List any duties not covered in the sections above.

**Additional Information or Comments (You may attach additional pages.)**

8. Attach check or money order for \$ 100.00 application fee, made payable to Treasurer, State of Tennessee, and mail to the address listed below. Application cannot be reviewed without receipt of proper fee amount. All application fees are non-refundable. Please note: **Applications cannot be faxed.**

Have you attached your check or money order for \$ 100.00? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attached proof of H.S. education or equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, have you requested that your college transcript be sent to the Certification Board?

Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, have you attached proof of attendance at related schools or course work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attached documentation of citizenship or immigration status Yes \_\_\_\_\_ No \_\_\_\_\_

Make check or money order payable to Treasurer, State of Tennessee.  
Mail application, all supporting documentation, and check/money order for \$ 100.00 to:

**Operator Certification Board  
Julian R. Fleming Training Center  
2022 Blanton Drive  
Murfreesboro, TN 37129  
(615) 898-8090**

**Disability:** Applicants with disabilities which affect their ability to participate in a regular written examination may be eligible for an alternative examination and/or assistance or accommodation. Applicants deemed as unable to participate in regular written examination procedure may substitute another examination method or receive assistance or accommodation. To receive information call: (615) 898-8090 or check the box below.

Please mail information on alternative examinations, assistance and accommodations

9. Verification of work experience must be documented by a certified operator of a similar or higher classification, familiar with the applicant's work experience. However, if no such person is available, experience may be documented by a person in authority with the system.

I hereby certify the information contained in the work experience section of this application is true and correct to the best of my knowledge. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

I have observed this applicant for \_\_\_\_\_ years.

Name of Certified Operator documenting work experience: (Please Print)		Certification Number (s):	
Signature of Certified Operator:			
<b>Complete This Section Only If A Certified Operator Of Similar Or Higher Classification Is Not Available.</b>			
Printed name and signature of person in authority of the applicant's system documenting work experience: <i>(if different than above)</i>		System's Person in Authority Name and Position Title: <i>(if different than above)</i>	
Name of facility/utility/system:		Telephone number: <i>(include area code)</i>	
Address: <i>(number and street)</i>			
City:		State:	Zip code:

10. Application must be signed and dated. By signing, applicant verifies that all information supplied on this application is correct to the best of his/her knowledge.

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief true, accurate, and complete; and that I am lawfully present in the United States as a U.S. citizen or a qualified alien as defined in 8 U.S.C. §1641(b). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of applicant