



COLORADO WATER AND WASTEWATER FACILITY OPERATORS CERTIFICATION BOARD

Web Site Address: www.cdph.state.co.us/op/ocb/index.html

Colorado Department
of Public Health
and Environment

APPLICATION FOR CERTIFICATION BASED ON RECIPROCITY ONE APPLICATION PER CERTIFICATION REQUESTED

NAME:	COLORADO CERTIFICATION REQUESTED:	
ADDRESS:	<u>TYPE</u>	<u>LEVEL</u>
CITY, STATE, ZIP:	Water <input type="checkbox"/>	A <input type="checkbox"/>
HOME PHONE:	Wastewater <input type="checkbox"/>	B <input type="checkbox"/>
CELL PHONE:	Industrial Wastewater <input type="checkbox"/>	C <input type="checkbox"/>
E-MAIL:	Collection <input type="checkbox"/>	D <input type="checkbox"/>
SOCIAL SECURITY #: (Last 4 digits)	Distribution <input type="checkbox"/>	1 <input type="checkbox"/>
DATE OF APPLICATION		2 <input type="checkbox"/>
HIGH SCHOOL GRADUATE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Small Water Systems <input type="checkbox"/>	3 <input type="checkbox"/>
EMPLOYER:	Small Wastewater Systems <input type="checkbox"/>	4 <input type="checkbox"/>
ADDRESS:	Transient Non-Community Water <input type="checkbox"/>	
CITY, STATE, ZIP:	State Issuing Current Certification: _____	
PHONE NO.:	Current Certification #: _____	
FAX NO.:	Date Issued: _____	
	Expiration Date: _____	
	To pay by Credit Card: (Visa, MasterCard, and American Express) Card Type: _____ Card Number: _____ Expiration Date: _____ Signature: _____	
ALL OF THE FOLLOWING ARE REQUIRED FOR YOUR APPLICATION TO BE CONSIDERED: <ol style="list-style-type: none"> 1. Affidavit of Legal Presence in the U.S. (Must be the ORIGINAL, two page document.) 2. A letter outlining the specific type and level of certification being requested for reciprocity consideration. 3. A resume describing the applicant's work history, education and experience supporting the certification held/requested. 4. A copy of the existing Certificate for which reciprocity is being requested, including the date of issuance and expiration, type of certification (water, wastewater, distribution) and the level held (A, I or similar). Certifications that have expired will not be considered. 5. A copy of the applicable regulations, or references to such regulations that describes the experience and/or education requirements for certification by the Certificate's type and level. This should include the number of levels of certification currently authorized and reciprocity guidelines if current licenses have been granted on a reciprocal basis. 6. A copy of the applicable regulations, or references to such regulations, that describes the facility classification system that correlates with the Certificate's type and level. 7. A brief description of the test taken for the certification. Describe if the test was multiple choice, essay, true false or a combination of these types; the approximate number of questions; and the general topics covered, i.e. safety, maintenance, math administrative, and operations. 8. Contact information for the issuing agency's operator certification program. <ul style="list-style-type: none"> • Once the completed application is received there is a minimum 90-day consideration process. • Send this application and a \$15.00 application fee to: <div style="text-align: center; margin-top: 5px;"> OPERATORS CERTIFICATION PROGRAM OFFICE 2170 S Parker Rd., Ste. 290 Denver, CO 80231-5711 303 394-8994 </div> • Check or Money Order made payable to "OCPO", or pay by Credit Card (<i>See Above</i>). <i>One form of payment per application.</i> • If you are granted reciprocity there will be an additional \$70.00 Administration Fee. 		
NOTE: State of Colorado Reciprocity Guidelines are reproduced with this form. 01/04/2008		

***** ONLY THE SIGNED ORIGINALS ARE ACCEPTABLE *****

**AFFIDAVIT OF
LEGAL PRESENCE IN THE U.S.**

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

___ I am a United States citizen, or

___ I am a Permanent Resident of the United States, or

___ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Signature OCPO Staff
(Office use only)

Date

Please include a photocopy of the identification.

PROOF OF IDENTIFICATION

I, _____, who reside at _____
_____ in the County of _____,

State of _____, do hereby affirm that attached hereto is a true and accurate copy of the following form of identification,* properly issued to me:

(Specify form of identification including, without limitation, the title, the issuing state or country or governmental agency, identification number, and date of expiration)

Signature of Applicant

The original of the above-referenced identification was produced to me by the person named above and this Proof of Identification was subscribed and sworn to before me in the County of _____, State of _____, this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission expires:

For purposes of this Proof of Identification, the following forms of identification are acceptable: a) a Colorado driver’s license or Colorado identification card; b) a U.S. military card or military dependent’s card; c) a U.S. Coast Guard Merchant Mariner card; or d) a Native American Tribal Document. Moreover, the following forms of identification are acceptable: e) a certificate verifying naturalized status issued by an authorized agency of the U.S. bearing the applicant’s intact photograph impressed with the raised embossed seal of the issuing agency; f) a certificate verifying U.S. citizenship issued by an authorized agency of the U.S. bearing the applicant’s intact photograph impressed with the raised embossed seal of the issuing agency; g) a valid driver’s license or identification card bearing the applicant’s photograph issued by one of the following states: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming; or h) valid immigration documents demonstrating lawful presence and verified through the Systematic Alien Verification for Entitlement (SAVE) program administrated by the Department of Homeland Security.

Valid driver’s license or State identification cards are not acceptable proof from the following States: Alaska, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Nebraska, New Mexico, North Carolina, Oregon, Tennessee, Texas, Utah, Vermont, Washington, and Wisconsin. U.S. Territories and Protectorates; i.e. Guam, American Samoa, Puerto Rico, the Mariannas, etc., are also not included on the Regulation’s list of acceptable IDs, OCPO cannot accept identification issued by these entities.

Please include a photocopy of the identification used.

***** ONLY THE SIGNED & NOTARIZED ORIGINALS ARE ACCEPTABLE *****

State of Colorado Reciprocity Guidelines
Water & Wastewater Facility Operators Certification Board

Section 100.13.8 of Regulation No. 100, Water and Wastewater Facility Operators Certification Requirements, provides:

Reciprocity—Certificates may be issued by the Board or its designee, without examination, on a case-by-case basis, to persons in a comparable classification who have passed an adequate written examination and who hold a valid certificate in another state, territory or possession of the United States or another country provided the requirements for certification of operators under which the person's certificate was issued do not conflict with provisions of Article 9 of Title 25, C.R.S., and are of a standard not lower than that specified by these regulations.

Consideration of reciprocity will be given to applicants upon formal request. All of the following information must be submitted to the Water and Wastewater Facility Operators Certification Board (WWFOCB) by the reciprocity applicant, in order for a request to be considered:

1. Affidavit of Legal Presence in the U.S. (Two page document, and copy of identification presented to the Notary)
 2. A letter outlining the specific type and level of certification being requested for reciprocity consideration.
 3. A resume describing the applicant's work history, education and experience supporting the certification held/requested.
 4. A copy of the existing Certificate for which reciprocity is being requested, including the date of issuance and expiration, type of certification (water, wastewater, distribution) and the level held (A, I, or similar). Certifications that have expired will not be considered.
 5. A copy of the applicable regulations, or references to such regulations, that describe the experience and/or education requirements for certification by the Certificate's issuing agency. This should include the number of levels of certification currently authorized and reciprocity guidelines if current licenses have been granted on a reciprocal basis.
 6. A copy of the applicable regulations, or references to such regulations, that describe the facility classification system that correlates with the Certificate's type and level.
 7. A brief description of the test taken for the certification. Describe if the test was multiple-choice, essay, true-false or a combination of these types; the approximate number of questions; and the general topics covered, i.e. safety, maintenance, math, administrative, operations.
 8. Contact information for the issuing agency's operator certification program.
- Incomplete submittals will not be processed. As described in the regulations, an existing certificate must be valid; therefore reciprocity will not be considered for expired certificates.

The Reciprocity Committee will review submittal packages for completeness and applicability. The Committee will then make a written recommendation to the WWFOCB as to the appropriate reciprocal certification in Colorado for consideration within 90 days of receipt of the completed request.

If reciprocity is granted, the applicant will be notified and a \$70 administration fee will be due prior to issuance of the awarded certification.

• Send this completed application and a \$15.00 application fee to:
OPERATORS CERTIFICATION PROGRAM OFFICE
2170 S Parker Rd., Ste. 290
Denver, CO 80231
303-394-8994