



**RECIPROCITY APPLICATION
NEVADA WATER ENVIRONMENT ASSOCIATION
INDUSTRIAL WASTE OPERATOR (BIOLOGICAL)**

(Revised April 2018)

Grade Applying For: _____
(Please print/type your name as you want it to appear on certificate) _____ (1, 2, or 3)

Address: _____ Home Phone: _____
(Street Number) (City) (State) (Zip Code) Cell Phone: _____

Email Address: _____
NOTE: The Operator is responsible to notify Administrator of future address changes.

Are you a veteran of the United States Armed Forces: Yes No MOS: _____

Do you hold a valid Industrial Waste Operator (B) Certificate? Yes No State: _____
Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

Total Amount of Experience as an Industrial Waste Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) Industrial Waste Operator employment)

PRESENT EMPLOYMENT

Employer: _____ Employer's Phone #: _____
Date of Hire: _____
Address: _____
Job Title: _____ Length of Service as a technologist: _____
Give a description of your job duties: _____

Name of Supervisor: _____
I am aware that there are significant penalties for attesting to false information. _____
Signature of Supervisor/Date

PRESENT EMPLOYER'S TREATMENT FACILITIES

Type of treatment: _____ Treatment Capacity: Average _____ MGD Maximum _____ MGD
Type of Agency: Public Private Other: _____
Brief Description of Treatment Plant: _____
Types of Methodology Used: _____

EDUCATION

List below the name of school, location, city and state in which you attended school	Years Attended	List Science, Engineering or Collection system Courses and Degree(s) Obtained
(a) High School		
(b) College		
(c) Graduate School		
(d) Trade Business or Correspondence		

(e) Maintenance Courses Satisfactorily Completed: _____
 Other education or training you have had (science or wastewater related): _____

Are you presently enrolled in a maintenance course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS PLANT MAINTENANCE WORK EXPERIENCE

Dates of Service	Total Years	Employer's Name/Address/Phone	Your Position/Supervisor's Name

Summarize any additional experience you have had which qualifies you for certification as a Plant Maintenance Technologist: _____

REFERENCES

Give at least three references as to your maintenance ability (Supervisors, Foremen, etc.)

Name	Address	Phone	Job Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you hold a valid Plant Maintenance Technologist's Certificate? Yes No State: _____
 Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

I certify that the information provided, including attachments, is true and accurate. By signing this application I agree to adhere to the Wastewater Professional Code of Conduct. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

<p>The nonrefundable reciprocity fee of \$200 payable to N.W.E.A. (Nevada Water Environment Association) is due and payable at the time of filing this application. Certificates are valid for two years, and renewable upon payment of \$80 fee. You can also pay with a credit card. The Program Administrator will call to obtain the credit card information. *credit card information will not be stored*</p>	<p>MAIL TO: NWEA P.O. Box 98235 Las Vegas, NV 89193 (775) 465-2045</p> <p><input type="checkbox"/> Paying with a credit card.</p>
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Items Below for Committee Use Only

Payment Received: _____
 Check No.: _____

Approved for Grade: _____ Not Approved _____ *Administrator Signature*

Certified for Grade: _____

Certificate Issued: _____ Certificate No.: _____ Expires: _____