



**RECIPROCITY APPLICATION  
NEVADA WATER ENVIRONMENT ASSOCIATION  
INDUSTRIAL WASTE OPERATOR (PHYSICAL/CHEMICAL)  
(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 (P/C) 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><b>MAIL TO: NWEA</b>  <b>P.O. Box 98235</b>  <b>Las Vegas, NV 89193</b>  <b>(775) 465-2045</b></p> <p><input type="checkbox"/> <b>Paying with a credit card.</b></p>
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Items Below for Committee Use Only	
Payment Received: _____	
Check No.: _____	
Approved for Grade: _____	Not Approved <input type="checkbox"/> _____ <i>Administrator Signature</i>
Certified for Grade: _____	
Certificate Issued: _____	Certificate No.: _____ Expires: _____