



**RECIPROCITY APPLICATION  
NEVADA WATER ENVIRONMENT ASSOCIATION  
PLANT MAINTENANCE TECHNOLOGIST**

(Revised May 2020)

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 technologist 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 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? \_\_\_\_\_

Total Amount of Experience as a Plant Maintenance Technologist: \_\_\_\_\_ Years \_\_\_\_\_ Months  
(List only full-time or equivalent (FTE) plant maintenance 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 \$250 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 \$130 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>
---	---

<b>Items Below for Committee Use Only</b>	
Payment Received: _____	Check No.: _____
Approved for Grade: _____	Not Approved <input type="checkbox"/> _____ Administrator Signature
Certified for Grade: _____	
Certificate Issued: _____	Certificate No.: _____ Expires: _____

**To apply for certification, a person must *be able to demonstrate the required operating experience and educational requirements defined below.***

**Grade I:** High school diploma, general educational development certificate or equivalent and 50 contact hours of wastewater related education; and one year full-time experience as a water quality analyst.

**Grade II:** Requirements for Grade I and an additional 50 contact hours of wastewater related education (total of 100 contact hours); and two total years of full-time experience as a water quality analyst.

**Grade III:** Requirements for Grade II and two postsecondary courses of instruction; and three years full-time experience as a water quality analyst.

**Grade IV:** Requirements for Grade III and two additional postsecondary courses of instruction (total of four postsecondary); and at least four years full-time experience as a water quality analyst.

## **WASTEWATER PROFESSIONAL CODE OF CONDUCT**

The Wastewater Professional Code of Conduct requires certificants holding Wastewater Treatment Plant Operator, Water quality analyst, Industrial Waste Operator, Industrial Waste Inspector, Plant Maintenance Technologist and Wastewater Quality Analyst certifications to act honestly, competently, and with integrity and to use their knowledge and skill for protection of the environment. As a condition of holding and maintaining a Nevada certification, I agree to:

- Be truthful and accurate in what I say, do, and write.
- Adhere to all laws and regulations applicable to the profession.
- Promote and encourage the highest quality of wastewater facility/system operation within the industry.
- Not misrepresent nor permit misrepresentation of my qualifications or the qualifications of my associates.
- Not conduct myself in a manner that subverts or attempts to subvert the minimum certification requirements, application processes, or examination processes.
- Uphold and follow all certification policies and procedures.