



Arizona Operator ID# If previously certified in Arizona
App. Date Received:
App. Date Processed:

## APPLICATION FOR ARIZONA OPERATOR CERTIFICATION RECIPROCALITY

**PERSONAL INFORMATION (PLEASE PRINT CLEARLY)**

**\*This information is required in order for your request to be processed. Incomplete requests will be returned.**

\*NAME: \_\_\_\_\_  
First M.I. Last Suffix

\*S.S.N.: \_\_\_\_\_ *NOTE: Applicants submit last four digits only of your social security number*

\*ADDRESS: \_\_\_\_\_  
Street City State ZIP + 4

COUNTY (Arizona only): \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*Arizona Certificate CERTIFICATE TYPE	Requested: GRADE			
	1	2	3	4
Water Treatment				
Water Distribution				
Wastewater Treatment				
Wastewater Collection				

*Reciprocity Requested With State of: This the State that you currently have certificates.		
*Current certificate type	*Grade	Certificate number

\*Are you currently employed by an Arizona water or wastewater system? YES \_\_\_ NO \_\_\_

If YES, please provide the following information:

SYSTEM NAME: \_\_\_\_\_ SYSTEM I.D. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State ZIP + 4

SUPERVISOR NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**CONTINUED ON BACK - SIGNATURE REQUIRED**

