ADEQ Arizona Department of Environmental Quality

Operator Number: OP0_____

APPLICATION FOR ARIZONA OPERATOR CERTIFICATION RECIPROCITY

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

***This information is required in order for your request to be processed. Incomplete requests will not be processed.**

*NAME: _____
First M.I. Last Suffix (Jr., III)

*ADDRESS: _____
Street City State ZIP + 4

HOME PHONE: (____) _____ WORK PHONE :(____) _____

E-MAIL: _____ *Last 4 digits of S.S.N.: _____

*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 with which you currently have certificates.

*Current certificate type	*Grade	Certificate number

I certify the information supplied above is true and accurate to the best of my knowledge and the above referenced certificates were earned by taking a written exam. I understand this information is subject to verification and false or misleading statements may result in the denial of my application request.

*SIGNATURE: _____ *DATE: _____

You will need to submit a photocopy of your current certificate(s) along with your completed request to the address below. Make a copy of this form for your records. If you have questions regarding this application request, contact us at (602) 771-4638, or wpr@azdeq.gov

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
OPERATOR CERTIFICATION PROGRAM, 5415B-2
1110 WEST WASHINGTON STREET
PHOENIX, AZ 85007-2952

REVISED JULY 2011 - ALL OTHER EDITIONS ARE OBSOLETE
ADEQ DOCUMENT NO. FS00-02