



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

**APPLICATION FOR RECIPROCITY OF A WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER
OR CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) OPERATOR CERTIFICATE**

PART A – INSTRUCTIONS TO APPLICANT

1. Please print in ink or type. Give complete and detailed answers. You will be credited only with drinking water treatment, distribution, wastewater and CAFO related education and experience shown in this application. If more space is needed, attach additional sheets or a resume. Be sure and list all DRINKING WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO experience regardless of which certificate you are applying for.
2. Complete a separate application for each reciprocated certificate that you are applying for.
3. Payment should be made by check or money order payable to: Department of Natural Resources. No cash will be accepted.
4. The applicant must sign and date the original application and submit fee to the address listed below. Incomplete applications will be returned.
5. Attach a copy of your certificate from the home state or other issuing authority that you are asking to be considered for reciprocity.
6. The issuing authority for the certificate type and level you now hold must have requirements for examination, education and experience equal to or more stringent than the requirements for a Missouri certificate of equal classification.
7. You **must** obtain employment with a Missouri facility appropriate to the type of certificate sought prior to receiving reciprocity.
8. The completed original application must be returned to the following address: Missouri Department of Natural Resources, Receipts and Reporting, PO Box 477, Jefferson City, MO 65102-0477.

SPECIFIC INSTRUCTIONS BASED ON CERTIFICATE TYPE – READ CAREFULLY

9. **Wastewater Certificates:** You must make application for reciprocity within 120 days after beginning employment at a Missouri wastewater system. A \$40 fee must accompany the application. If as a result of the application review it is found that a certificate can be issued then you will be invoiced for an additional \$25 certificate fee.
10. **Drinking Water Treatment and Distribution Certificates:** You must make application for reciprocity within 180 days after beginning employment at a Missouri drinking water system. A \$65 fee must accompany the application.
11. **Concentrated Animal Feeding Operations, Waste Management (CAFO) Certificates:** You must make application for reciprocity within 180 days after beginning employment at a Missouri CAFO system. A \$40 fee must accompany the application. If as a result of the application review it is found that a certificate can be issued then you will be invoiced for an additional \$25 certificate fee.

PART B – GENERAL (PLEASE PRINT)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
HOME ADDRESS (STREET OR P.O. BOX NUMBER)	CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	COUNTY OF RESIDENCE	EMAIL ADDRESS		
DAYTIME TELEPHONE WITH AREA CODE	HOME TELEPHONE WITH AREA CODE	PRESENT CERTIFICATION NUMBER		

PART C – CERTIFICATION TYPE

SELECT CERTIFICATION TYPE SOUGHT (CHECK ONE ONLY)

- DRINKING WATER TREATMENT WASTEWATER TREATMENT
 DRINKING WATER DISTRIBUTION CONCENTRATED ANIMAL FEEDING OPERATIONS

HAVE YOU EVER HAD AN OPERATOR CERTIFICATE REVOKED OR SUSPENDED?

- YES NO IF YES, GIVE DATE AND NAME OF CERTIFYING AUTHORITY

DECLARATION OF AGE ELIGIBILITY

- I CERTIFY THAT I AM AT LEAST 16 YEARS OF AGE (FOR WASTEWATER TREATMENT APPLICANTS ONLY)
 I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE (FOR DRINKING WATER AND CAFO APPLICANTS ONLY)

METHOD OF PAYMENT

<input type="checkbox"/> CHECK OR MONEY ORDER ENCLOSED (NO CASH)	<input type="checkbox"/> BILL MY (CHECK ONE): <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD
CARD NUMBER	EXPIRATION DATE
NAME AS IT APPEARS ON CARD	
SIGNATURE AS IT APPEARS ON CARD	

EMPLOYMENT HISTORY – ATTACH RESUME OR ADDITIONAL SHEET AS NEEDED

MOST RECENT EMPLOYER'S NAME		AREAS OF RESPONSIBILITY	%
NPDES # AND/OR	MO PWSID #		
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE			
START DATE: MO/DAY/YEAR		WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)	
END DATE: MO/DAY/YEAR			
AVG HOURS PER WEEK		WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (10 CSR 60-14) (10 CSR 20-9)	
JOB POSITION/TITLE			
WORK TELEPHONE WITH AREA CODE		CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)	
SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE			
		OTHER (DESCRIBE: _____)	
		TOTAL (CAN NOT EXCEED 100%)	

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER'S NAME		AREAS OF RESPONSIBILITY	%
MO NPDES # AND/OR	MO PWSID #		
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE			
START DATE: MO/DAY/YEAR		WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)	
END DATE: MO/DAY/YEAR			
AVG HOURS PER WEEK		WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (10 CSR 60-14) (10 CSR 20-9)	
JOB POSITION/TITLE			
WORK TELEPHONE WITH AREA CODE		CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)	
SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE			
		OTHER (DESCRIBE: _____)	
		TOTAL (CAN NOT EXCEED 100%)	

EDUCATION

COMPLETED HIGH SCHOOL? DIPLOMA GED NONE

HIGH SCHOOL NAME	YEAR COMPLETED	CITY, STATE
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COLLEGE/UNIVERSITY (INCLUDE A COPY OF YOUR TRANSCRIPT UNLESS PREVIOUSLY SUBMITTED)

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

APPLICANT CERTIFICATION (READ AND SIGN)

I hereby certify that this application and all attachments contain no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification of fact, this application will be rejected and my Missouri certification revoked. I also understand that previous applications will be checked for consistencies.

SIGNATURE OF OPERATOR	DATE
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DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

AMOUNT RECEIVED	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY	POSTMARK DATE	