

ARKANSAS WATER OPERATOR LICENSING PROGRAM

Arkansas Department of Health – Engineering Section
4815 West Markham, Slot 37, Little Rock, AR 72205-3867

Water System Operator License Application Information

PLEASE READ CAREFULLY!

We are pleased to furnish information concerning the procedure to make application for a water system operator license. There are two license types (Treatment or Distribution), with as many as five license grades. Please see the attached license determination charts to determine which license type and grade your job duties require. If more than one license is required, you may apply for both on the enclosed application or apply for each at different times on a separate application for each license. (The application form may be reproduced.)

To apply for a license, please fully complete the attached application and return it to the address shown on the application. You must enclose, with the application, the required **fee of \$35.00 for one license or \$70.00 for both licenses**. Fees cannot be refunded or transferred to another operator. The applicant's fees and application will be valid for one year from receipt of the application or last exam taken. If additional time is needed please request before the one year holding period ends.

The application must be filed, at least, 60 days before taking an exam to allow for adequate time to process the application. When we receive your completed application and fees, you will be provided a license exam preparation packet to assist you in preparing for the closed book, multiple-choice exam. Returning the application well in advance of taking the exam will give you more time to use the exam preparation materials in the packet. The packet also includes an exam session schedule and exam training course information. Licensing and training information is also available on our Internet site at: www.healthy.arkansas.gov/eng.

All licenses require you to meet education requirements. Specific mandatory training courses must be attended prior to sitting for any license exam. Total course time ranges from 40 hours, for the lowest license grades, to 96 hours. You are required to have a High School Diploma or General Equivalency Diploma (GED). If you do not have a H. S. Diploma or GED, please contact the Certification Officer for details on possible waiver of the requirement by the Licensing Committee.

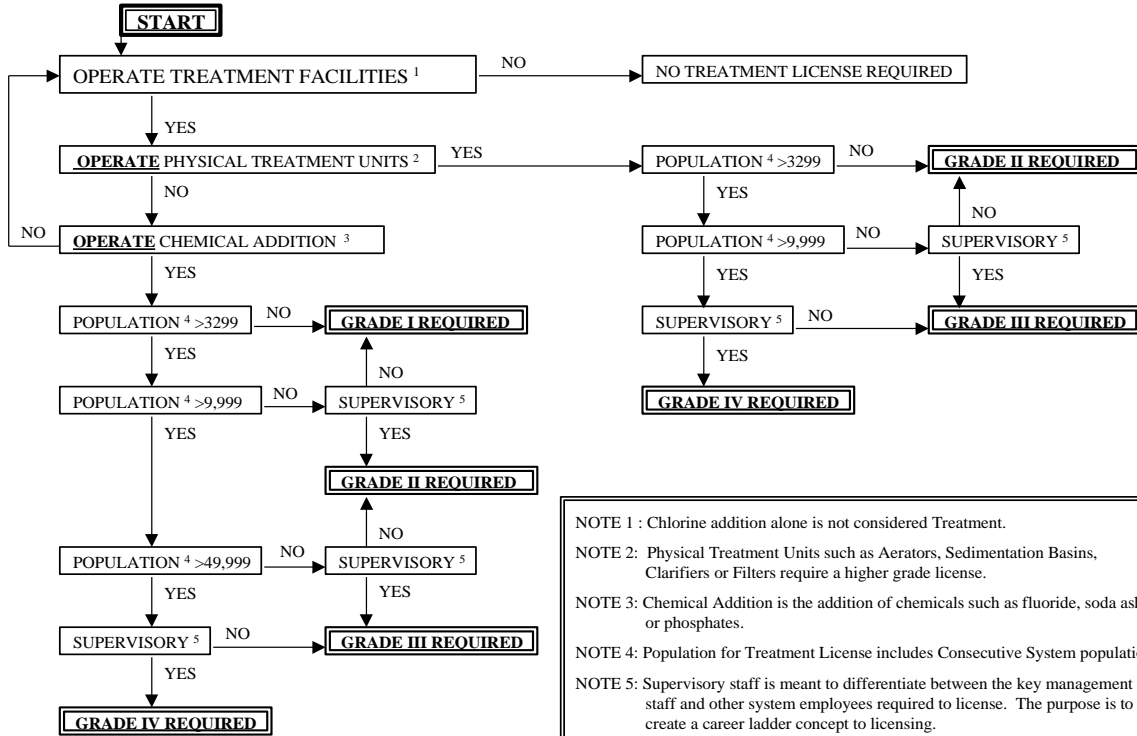
All licenses require you to pass a license exam. **Submitting this application does not register you for an exam. You must register for the exam at this web page: www.healthy.arkansas.gov. For paper-based exam, you must register 45 days prior to the scheduled exam session.** Failure to meet this deadline will result in a denied exam session. If you do not have internet access please contact us by telephone at (501) 661-2623.

Each license has an experience requirement that must be met. The experience requirement ranges from no experience required for the Very Small System License to three years for a Grade IV License. The license will be issued when the exam has been passed and the experience requirement has been completed. When the exam is passed prior to completing the experience requirement, the operator is designated as an Operator-In-Training until the experience requirement is met.

If you have any questions concerning the licensing program, please contact this office, by telephone at (501) 661-2623 or by e-mail at < ADH.Water.Licensing@arkansas.gov >.

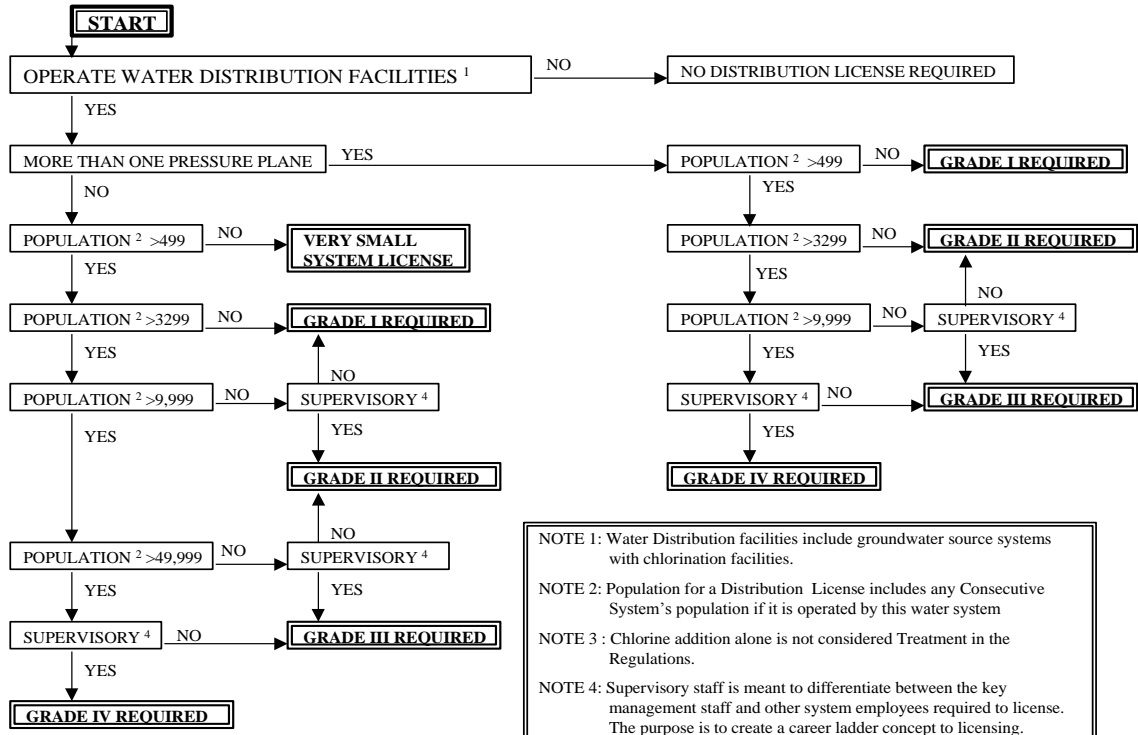
(Please, remove and retain this sheet and the license determination sheet. Submit the two page application.)

TREATMENT LICENSE GRADE REQUIRED



NOTE 1 : Chlorine addition alone is not considered Treatment.
 NOTE 2 : Physical Treatment Units such as Aerators, Sedimentation Basins, Clarifiers or Filters require a higher grade license.
 NOTE 3 : Chemical Addition is the addition of chemicals such as fluoride, soda ash, or phosphates.
 NOTE 4 : Population for Treatment License includes Consecutive System population.
 NOTE 5 : Supervisory staff is meant to differentiate between the key management staff and other system employees required to license. The purpose is to create a career ladder concept to licensing.

DISTRIBUTION LICENSE GRADE REQUIRED



NOTE 1 : Water Distribution facilities include groundwater source systems with chlorination facilities.
 NOTE 2 : Population for a Distribution License includes any Consecutive System's population if it is operated by this water system
 NOTE 3 : Chlorine addition alone is not considered Treatment in the Regulations.
 NOTE 4 : Supervisory staff is meant to differentiate between the key management staff and other system employees required to license. The purpose is to create a career ladder concept to licensing.

APPLICATION FOR WATER SYSTEM OPERATOR LICENSE

ARKANSAS DEPARTMENT OF HEALTH
ENGINEERING SECTION

(Register for Exam: www.healthy.arkansas.gov/eng)

FOR ADH OFFICE USE ONLY

Application Rec'd _____
 Customer # _____
 Pending # P _____ 2nd P _____
 Exam Fee _____ License Fee _____
 PWS # _____ Eng. Dist. # _____ Water Dist. _____

This application is submitted pursuant to Arkansas Code Annotated 17-51-101 et. seq.). The **fully** completed application must be filed at least 60 days prior to the desired exam session. All required **fees must be included** with this application for it to be processed. Each license by exam or reciprocity requires a license fee (\$10.00) and either an exam fee (\$25.00) or reciprocity evaluation fee (\$25.00). This license application does not register you for your license exam.

Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 may request any needed reasonable accommodations to participate in the licensing process.

Mail application and make check payable to:

**Licensing Office, Slot 29
Arkansas Department of Health
4815 West Markham
Little Rock, Arkansas 72205-3867**

Check the fee that has been enclosed:

- _____ License by Examination Fee - \$35.00 for each License (**Register for Exam: <http://health.arkansas.gov/eng>**)
- _____ Re-examination Fee – \$25.00 per Exam (save effort, use Exam Fee Invoice provided with failed exam letter)
- _____ License by Reciprocity Evaluation Fee - \$35.00 for each License
(Provide a copy of the license & proof it is current for License(s) being submitted for reciprocity evaluation.)

Applying for (circle grade): **Treatment License ***, Grade I II III IV and/or **Distribution License ***, Grade VSS I II III IV

Other Water License(s) Held _____

Last Name: _____ First: _____ Middle: _____

Name to appear on License certificate (**Print Clearly**): _____

Mailing Address for License Info: _____

City: _____ State: _____ Zip Code: _____ - _____

Social Security Number: _____ - _____ - _____ Driver's License #: _____

Home Phone # (_____) _____ - _____ Cell/Other Phone # (_____) _____ - _____ E-Mail: _____

Water System Operated: _____ PWS ID # _____

If you operate additional water systems, please list their system information on back of this page and check this box.

Present Position Title _____ Office Phone # _____ - _____ - _____

Are you an active duty military person or the spouse of an active duty military person: Yes ___ No ___

Education Background for Evaluation of Experience Credit:

High School Diploma: Yes ___ No ___ If no, GED earned: Yes ___ No ___ ** Highest grade level completed _____

Name of School Attended: _____ Location _____

COLLEGE OR SPECIALIZED EDUCATION:

Institution Name & Location	Degree/Course Name	# Yrs Attended	Degree Earned

Apply above degree(s) to: Experience requirement ___ or Mandatory Training Courses ___. See regulations for details.

* Please see enclosed charts to determine which license type and grade your water system job duties require.

** No HS Diploma or GED. Please contact Certification Officer for information on a possible waiver by the Licensing Committee.

Employment Background for Evaluation of Experience Credit: (Be sure to begin with your **present employment/job duties and start date.** List your water system operation, maintenance and/or management experience and job duties for each specific job duty/position held. Attach additional information, if warranted. This list of experience and the above listed education will be evaluated to determine your compliance with the experience requirement. Incomplete or vague descriptions may delay the issuance of your license.)

FROM: (MM/DD/YY)	TO: (MM/DD/YY)	Employer's Name	Describe All Job Duties Related To License (If Job Duties/Position Changed List Separate)
From:	To: Present		
Duties Cont'd			
From:	To:		
Duties Cont'd			
From:	To:		
Duties Cont'd			

I, the below signed individual, authorize the release of my employment, education and license records to the Arkansas Department of Health, to the extent necessary to determine my eligibility to obtain a license. I understand my License and Application information, except for my Social Security Number, is available to the public under the Freedom of Information Act. I agree to perform my duties as a Licensed Operator or Operator In Training in accordance with all applicable State and Federal Laws. I understand that failure to do so can result in administrative and/or civil penalties and the loss of my license. I certify that the information in this application is true and complete to the best of my knowledge.

I understand that an Operator-In-Training certificate will be issued to me, when the license exam is passed prior to meeting the experience requirement. The certificate or license will be valid for the balance of the present two-year renewal period. (Each renewal period ends June 30 of odd numbered years.) A renewal fee of ten dollars (\$10.00) will be charged for each license renewed. In order to renew the certificate or license, I understand I must obtain at least twenty-four (24) hours of approved training for each two-year renewal period. (The first renewal period will be prorated at one hour per month the certificate or license has been held.) Also, I understand that all training must be certified by registering for the training courses attended and providing a written list of this training to the Drinking Water Advisory and Operator Licensing Committee with each renewal period's renewal documents and fee remittance.

Applicant Signature: _____ Date: _____, 20____

Experience Validation & Verification:

(If this section is not properly signed and completed any experience described above cannot be considered for experience credit.)

The above named license applicant has provided an accurate and complete description of their experience and education to the best of my knowledge. (The license applicant should not sign here.)

Print name: _____ Title: _____

Signature: (not applicant) _____ Date: _____, 20____
 SIGNED by Owner, Mayor, Board President, or System Management Representative

Please note, submittal of this application is not registration for exam. Register at: www.healthy.arkansas.gov/eng