APPLICATION FOR LOUISIANA OPERATOR CERTIFICATE

LA Department of Health & Hospitals, Office of Public Health, Environmental Services

Name: _____/_____/_____
Last First Middle

Mailing Address:_____
Street or Post Office Box

_____/_____/_____/_____
City State Parish Zip

SS#:_____**Home Phone:** (___)_____**Date of Birth:** _____

Present Employer:_____ **Parish:**_____
City or Company

Address:_____/_____/_____/_____
Street or Post Office Box City State Zip

Work Phone: ( ) _____ **Fax:** _____ **Email:**_____

Regular fees are based on the number of certificates and are figured separately for water and wastewater. The first certificate is $20. Each additional certificate is $10 each.

Please make checks payable to: ***" Committee of Certification"*** *and mail to* ***P O Box 4489 Baton Rouge La 70821***

NO NEW **certificates will be issued without proof of education. The Certification Office must have a copy of your HIGH SCHOOL DIPLOMA, GED or COLLEGE DEGREE on file. If we do not already have your proof of education on file, please attach a copy to this application.**

Circle Certificate(s) Requested

Water Production	1	2	3	4
Water Treatment	1	2	3	4
Water Distribution	1	2	3	4
Wastewater Treatment	1	2	3	4
Wastewater Collection	1	2	3	4

Certificate Fees:

	Water	Wastewater
One Certificate	$20	$20
Two Certificates	$30	$30
Three Certificates	$40	

Total Enclosed _____

(This application will be returned if not filled out completely)

Date _____ **Signature of Supervisor**_____

Date_____ **Signature of Applicant**_____