|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Application for reciprocity  Wastewater Operator Certification Program  Doc Type: Certification Application |

|  |  |
| --- | --- |
| **MPCA Use Only** | |
| App check ID |  |
| App check # |  |
| Check amt |  |
| PM date |  |
| Deposit |  |
| Invoice |  |
| Approval | Approve  Deny |
| Issue date |  |
| Exp date |  |
| Certificate # |  |
|  |  |

## **Note: Before completing this form, please read Tennessen warning on page 2.**

## Instructions(Read instructions carefully before completing application)

To be considered for reciprocity, your application must include a copy of your current certificate. A $40.00 nonrefundable reciprocity certificate fee **must** accompany the application, using post office or express money order, bank draft, certified check, personal check, or credit card. If you have questions about your eligibility, contact Tracy Finch at 651-757-2103.

1. Type or print **neatly** in blue or black ink.
2. Complete both sides of this application, sign, and date it.
3. Make checks payable to **Minnesota Pollution Control Agency** or complete the *Credit card authorization* form attached.
4. This application fee **must** be included or application will be returned.
5. Incomplete applications will be returned.

|  |  |
| --- | --- |
| **Mail completed form to:** | **Attn: Fiscal Services - 6th floor**  Tracy Finch - Certification and Training Unit  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, Minnesota 55155-4194 |

## General information(This application form must be correctly filled out and **all** questions must be answered in full.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name: | | |  | | First name: | |  | | | | Middle name/Initial: | | | |  | |
| Designated mailing address: | | | |  | | | | | | | | | | | | |
| City: |  | | | | | | | State: | |  | | | Zip: | | |  |
| Email: | |  | | | | Home phone: | | |  | | | Fax: | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current employer: | | |  | Work phone or cell phone: | |  | | |
| Employer address: | | |  | | | | | |
| City: |  | | | State: |  | | Zip: |  |
| Position: | |  | | | | | | |

***You must include a copy of your current certificate***

## Certification

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State certificate was issued: | | | |  | | | | |
| Agency/Department: | | |  | | Telephone: |  | | |
| Certification class: | |  | | | Certificate number: | | |  |
| Issuance date: |  | | | | Expiration date: | |  | |

## **Both sides of the application must be completed.**

## Educational background

High school - check highest grade completed:  6  7  8  9  10  11  12  GED

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: |  | Location: |  | Date: |  |

Trade school, college, or university – check years completed:  1  2  3  4  5  6

*(If you are substituting education for part of the experience requirement, you* ***must*** *submit an official transcript.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school** | **Location** | **Major** | **Credits semester/qtr** | **Certificate/Degree year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Work experience*(List your current employer first. Attach additional sheets if needed using the same format.)*

For each employer: 1) List the wastewater operation tasks you performed, and  
2) List the average number of hours per week performing these tasks.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** Employer/Facility: | | |  | | | |  | **Length of experience:** | | | |
| Facility location: | |  | | | | |  | Hours per week: | | |  |
| Position: |  | | | Facility Class: | |  |  | From: | |  | |
| Supervisor name: | | |  | Phone: |  | |  | (mm/dd/yyyy) | | | |
| Operational tasks: | | |  | | | |  | To: |  | | |
|  | | | | | | |  | (mm/dd/yyyy) | | | |
|  | | | | | | |  |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2)** Employer/Facility: | | |  | | | |  | **Length of experience:** | | | |
| Facility location: | |  | | | | |  | Hours per week: | | |  |
| Position: |  | | | Facility Class: | |  |  | From: | |  | |
| Supervisor name: | | |  | Phone: |  | |  | (mm/dd/yyyy) | | | |
| Operational tasks: | | |  | | | |  | To: |  | | |
|  | | | | | | |  | (mm/dd/yyyy) | | | |
|  | | | | | | |  |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3)** Employer/Facility: | | |  | | | |  | **Length of experience:** | | | |
| Facility location: | |  | | | | |  | Hours per week: | | |  |
| Position: |  | | | Facility Class: | |  |  | From: | |  | |
| Supervisor name: | | |  | Phone: |  | |  | (mm/dd/yyyy) | | | |
| Operational tasks: | | |  | | | |  | To: |  | | |
|  | | | | | | |  | (mm/dd/yyyy) | | | |
|  | | | | | | |  |  | | | |

**Tennessen warning:** Pursuant to Minn. Stat. § 13.41, the information you provide on this application is classified as private data (except for your name and designated address) until the time you are licensed/certified. Once you are licensed/certified, all the information provided will be classified as public data and become part of the MPCA’s public file. If you are not licensed/certified, the information provided (except for your name and designated address) will continue to be classified as not public data. You are being asked to provide the requested information to assist the MPCA in processing your application. The MPCA will use the information when determining your qualifications for obtaining a license/certification. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to process your application. If you do not supply the requested information, it will be difficult for the MPCA to determine your qualifications for licenser/certification. While your application is pending, the not public data that you submitted will be available only to authorized personnel within the agency and to those authorized or required by law or court order. In such cases, it may then be shared with other agencies, including the Minnesota Department of Revenue, the Office of the Minnesota Attorney General and persons contacted for purposes of verification or investigation. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your credentials after it is issued.

**I declare that all information provided is true and complete. I hereby acknowledge that I have read and understand the information above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Credit card authorization  Wastewater Operator Certification Program |

**Instructions:** You may complete this form electronically; then print and mail or fax it with your payment.   
Do **not** email it as an attachment with credit card information.

|  |  |  |
| --- | --- | --- |
| **Send to:** | **Training registration:** | **Examination and certification applications:** |
|  | Christi Torgusson - 5th floor  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, Minnesota 55155-4194  651-757-2482 | Tracy Finch - 5th floor  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, Minnesota 55155-4194  651-757-2103 |
| **Secure fax:** | 651-797-1385 |  |

## Credit card information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Visa  MasterCard | | | | | | Exact name on card: | |  | | | | | | | | | | |
| Card number: | | | |  | | | | | | 3-digit security code: | |  | | | Expiration date: | | |  |
| Address: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | State: |  | | | | Zip code: | |  |
| Phone number: | | | | |  | | | | Email address for receipt: | | | |  | | | | | |
| Name of person taking class/exam: | | | | | | |  | | | | | | | Date (mm/dd/yyyy): | | | |  |
| Signature: | | |  | | | | | | | | | | | | | | Amount: |  |

**Service fees**

US Bank will be charging a separate service fee of 2.15% for all credit card transactions and 1.25% for all debit card transactions after April 1, 2022. To avoid these service fees, you may submit your payment by mail to the Minnesota Pollution Control Agency (MPCA) at the address provided on your **Application for reciprocity**form.

**Check here to agree to pay the separate service fee of 2.15% to US Bank for credit card payment and 1.25% for debit card payment. Credit card payments after April 1, 2022 will not be processed if box is not checked.**