

GEORGIA STATE BOARD OF EXAMINERS FOR CERTIFICATION OF
 WATER AND WASTEWATER TREATMENT PLANT OPERATORS
 AND LABORATORY ANALYSTS
 237 COLISEUM DRIVE
 MACON, GA 31217
 478.207.2440
 www.sos.ga.gov

DO NOT WRITE IN THIS SECTION
 RECEIPT # _____
 AMOUNT _____
 APPLICANT # _____
 INITIAL ____ DATE _____

APPLICATION FOR CERTIFICATION BY ENDORSEMENT

Application Fee \$100.00 (Non-Refundable) - Make Checks Payable to GA BOARD OF W/WW

Certificate Applied For: (Check One)

PUBLIC WATER SUPPLY SYSTEM

- _____ Water Operator Class I
- _____ Water Operator Class II
- _____ Water Operator Class III
- _____ Water Operator Class IV
- _____ Water Distribution System Operator
- _____ Water Laboratory Analyst

BIOLOGICAL WASTEWATER TREATMENT SYSTEM

- _____ Wastewater Operator Class I
- _____ Wastewater Operator Class II
- _____ Wastewater Operator Class III
- _____ Wastewater Operator Class IV
- _____ Wastewater Collection System Operator
- _____ Wastewater Laboratory Analyst
- _____ Wastewater Industrial

APPLICANT INFORMATION:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR, SR, ETC)
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SOCIAL SECURITY NO.*: _____ - _____ - _____
 *THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

Date of Birth: _____ / _____ / _____

PLACE OF BIRTH:

Gender: _____ Male _____ Female

 City State or Country

PHYSICAL LOCATION ADDRESS:

STREET (OR POST OFFICE BOX)	CITY	COUNTY	STATE	ZIP CODE
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TELEPHONE # _____ FAX # _____

MAILING ADDRESS *(If you are issued a certificate, this address will appear on your license & online):*

STREET	CITY	COUNTY	STATE	ZIP CODE
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TELEPHONE # _____ EMAIL ADDRESS (FOR CORRESPONDENCE FROM THE BOARD) _____

NAME OF EMPLOYER (COMPANY NAME):

REFERENCE: Identify a person who is familiar with your work to confirm employment history (**preferably your current employer.**)

Name: _____

Address: _____

Street

City

State

Zip

Telephone

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Examiners for Certification of Water & Wastewater Treatment Plant Operators & Laboratory Analysts, and I agree to abide by these laws and rules, as amended from time to time.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Board may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 4 and 5 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

STATE OF GEORGIA

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF DESIGNEE

PRINT NAME

DATE

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

AFFIDAVIT

INSTRUCTIONS: *PLEASE RETURN THIS FORM TO THE APPLICANT.*

TO BE COMPLETED BY STATE OFFICIAL FROM ENDORSING STATE

I _____, Board Chair or Designated Office of the
NAME OF OFFICIAL

NAME OF BOARD OR REGULATORY AGENCY

attest that _____
APPLICANT NAME

was granted _____

license/certificate number _____
CLASSIFICATION/TYPE

as a result of having passed ABC Examination Level _____

or _____
OTHER EXAMINATION

on ____/____/____ with a score of ____
and that the license/certificate will remain current through ____/____/____.

BACKGROUND INFORMATION (Please ✓)

Yes NO Is the Applicant in good standing at this time?
If "NO," please explain.

Yes NO According to your records, has the Applicant ever been disciplined by your Board, by any state
agency, or by any professional organization?
If "Yes", please explain and attach a copy of the Order or other relevant documents.

