

Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts

Application for Certificate Reinstatement

What you need to know:

These are not ALL of the requirements. You are strongly encouraged to review the laws and rules of the Water and Wastewater Treatment Plant Operators and Laboratory Analysts for further information and requirements. These can be found at www.sos.ga.gov.

- All certificates expire June 30 of odd-numbered years.
- Late renewal period is July 1 – July 31 of odd-numbered years. Late penalty fee is assessed during this time period.
- An individual who passes the Board-required certification examination is exempt from continuing education requirements for that certificate for the first renewal period after initial issuance of the certificate.
- The same course cannot be attended more than once in the same certificate renewal period to attain the required continuing education points for that renewal period. However, the same continuing education course can be attended during a different renewal period.
- Failure to renew a certificate by August 1 of renewal year shall have the same effect as revocation of the certificate.
- If a certificate has lapsed for a period of more than 2 years, the Board shall require, as a prerequisite for reinstatement, passage of an examination for that category of certificate in lieu of the continuing education OR submission of a verified certificate in good standing issued by another country, or by any state, territory, or possession of the United States which has requirements for certification substantially similar to the Board.
- An Application for renewal of a certificate must be accompanied by a renewal fee (See Fee Schedule) and attestation of continuing education points accumulated since the last renewal period. The following chart lists the required number of points for each renewal certification.

CERTIFICATION HELD CONTINUING EDUCATION POINTS

Class I Operator Water & Wastewater	24	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Class II Operator Water & Wastewater	18	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Industrial Wastewater Operator	18	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Laboratory Analyst Water & Wastewater	18	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Class III Operator Water & Wastewater	12	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Water Distribution System Operator	12	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Wastewater Collection System Operator	12	At least 50% of the points must be in coursework approved for Water, Wastewater, or for both.
Class IV Operator Water & Wastewater	6	All of the points must be in coursework approved for Water, Wastewater, or for both.

**Georgia State Board of Examiners for Certification
of Water and Wastewater Treatment Plant
Operators and Laboratory Analysts**
237 Coliseum Dr., Macon, GA 31217
404-424-9966
www.sos.ga.gov

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

Application for Certificate Reinstatement

Reinstatement Fee - \$165.00 + \$10.00 processing fee (non-refundable)
Make checks payable to Georgia Water/Wastewater Board

Applying for: Reinstatement of Certificate #: _____ Date Expired: _____
(Only One Certificate May Be Reinstated Per Application)

Name of Employer: _____

Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces, including the National Guard.

Applicant Name:

LAST	FIRST	MIDDLE
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Social Security # ¹:

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Date of Birth:

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¹ 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. § 101.

Gender: Male Female

Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

	STATE	ZIP	APT #
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Mailing ²

Address :

(P.O. BOX ACCEPTABLE) ² O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

	STATE	ZIP	APT #
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Daytime Phone #

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Evening Phone #

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E-mail Address ³: _____

³ Required for communication with Board staff. Your email will not be shared with third parties.

Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts

Application for Certificate Reinstatement

Applicant Name: _____ Certificate #: _____

Complete either SECTION A or SECTION B:

SECTION A - license lapsed for less than 2 years

_____ Application is made in accordance with Rule 750-7-.02(1) because my certificate has been lapsed for **2 years or less**.

_____ In addition to this application and the required reinstatement fee, I am enclosing a copy of my **Continuing Education Completion Certificate(s)** for the required amount of points to reinstate this certificate.

SECTION B – license lapsed for more than 2 years

_____ Application is made in accordance with Rule 750-7-.02(2) because my certificate has been lapsed **for more than 2 years**. In addition to this application and the required reinstatement fee, I am enclosing the following:

_____ A verified certificate in good standing issued by another country, or by any state, territory, or possession of the United States which has requirements for certification substantially similar to the Board; OR

_____ Proof of passing the appropriate examination since my certificate lapsed.

The following questions must be answered regarding the time period since the date of your last renewal. If you answer “Yes” to any question, you must provide documentation, including date(s) and place(s) of arrest(s) and/or conviction(s), and a personal letter of explanation. Certified copies of final court dispositions for convictions are required to be included with this application. Failure to provide any of this documentation will delay consideration of your application.

Since the date of your last renewal of this certificate, have you been arrested, convicted, or sentenced for any felony, misdemeanor, DUI or DWI?	YES	NO
Since the date of your last renewal of this certificate, have you entered a plea of guilty or nolo contendere, or been given “First Offender” status for any felony, misdemeanor, DUI or DWI?	YES	NO
Since the date of your last renewal, have you been denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license or certificate by any Board or agency in Georgia or any other state?	YES	NO



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia Board of Examiners for Certification of Water and Wastewater Treatment Agency/Company Plant Operators and Laboratory Analysts to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Authorization valid for ___ days from date of signature.
I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES (E, M, N, W, P, F), PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) (U), CRIMINAL JUSTICE EMPLOYMENT (J, Z)

The inquiry resulted in the following: (check all that apply)

Table with options: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____

Georgia State Board of Examiners for Certification of Water and Wastewater Treatment Plant Operators and Laboratory Analysts

AFFIDAVIT

Applicant Name: _____ **Certificate #:** _____

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 (mark either 1 or 2 below as it applies to your status):

- 1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.
- 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. You must 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.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

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 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. This list may be found on the Board's website at this address: <http://sos/ga/gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of _____

Print name of Applicant

Subscribed and sworn to before me this _____ day of _____, _____

Signature of Applicant

Notary Public
My Commission expires: _____

NOTARY SEAL (legible seal required; If using embossed seal, apply shading to make seal legible when digitized.)