



State of Louisiana
Louisiana Department of Health
Office of Public Health

Application for Louisiana Operator Certificate

Operator ID: _____ Date of Birth: _____

Full Name: _____
Last First Middle

Home Phone: _____ Cell Phone: _____ Email: _____

Has your mailing address changed? ☐ Yes ☐ No

Updated Mailing Address: _____
Street or Post Office Box

City State Parish Zip

Present Employer: _____

Address: _____
Street or Post Office Box City State Zip

Work Phone: _____

Fees: WATER and WASTEWATER are two categories and charged separately.

WATER	WASTEWATER
The first certificate requested in the WATER category is \$20. Each additional certificate requested in the WATER category is \$10.	The first certificate requested in the WASTEWATER category is \$20. Each additional certificate requested in the WASTEWATER category is \$10.
1 st Water Certificate - \$20	1 st Wastewater Certificate - \$20
2 nd Water Certificate - \$10 (\$20+\$10=\$30)	2 nd Wastewater Certificate - \$10 (\$20+\$10=\$30)
3 rd Water Certificate - \$10 (\$20+\$10+\$10=\$40)	

Duplicate certificates are \$5 each.

Replacement ID cards are \$5

Certification Based on Reciprocity? (Requesting a license in Louisiana based on a license that you hold in another state):

☐ Yes ☐ No

WATER – 1 Certificate \$20, 2 Certificates \$30, 3 Certificates \$40	WASTEWATER – 1 Certificate \$20, 2 Certificates \$30
Production <input type="checkbox"/> OIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Treatment <input type="checkbox"/> OIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Distribution <input type="checkbox"/> OIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Collection <input type="checkbox"/> OIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Treatment <input type="checkbox"/> OIT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

List duplicates requested \$5 each: _____

ID Replacement \$5 ☐

Total Amount Enclosed: \$ _____

(Do NOT send cash. Make checks payable to “Committee of Certification”)

Mail payments to: Operator Certification, P.O. Box 4489, Bin 10, Box 6, Baton Rouge, LA 70821

Signature of Applicant

Date