

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

Engineering Services-Operator Certification Program

Application for Louisiana Operator Certificate

Full Name: _____
Last First Middle

Mailing Address: _____
Street or Post Office Box

_____/_____/_____
City State Parish Zip

Op. ID or SS#: _____ Home Phone: _____ Cell 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. **DO NOT SEND CASH!**

Please make checks payable to: **“Committee of Certification”**
and mail to **P. O. Box 4489 Bin # 10 Box # 6 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 or GED on file. If we do not already have your proof of education on file, please attach a copy to this application.

Certification Based on Reciprocity Request: Yes No

Check the Certificate(s) Requested	Certificate Fees:	Water	Wastewater
Water Production <input type="checkbox"/> *0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	One Certificate	\$20	\$20
Water Treatment <input type="checkbox"/> *0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Two Certificates	\$30	\$30
Water Distribution <input type="checkbox"/> *0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Three Certificates	\$40	
Wastewater Treatment <input type="checkbox"/> *0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Duplicate/Replacement Certificate/ID	\$5	
Wastewater Collection <input type="checkbox"/> *0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Total amount enclosed \$ _____		

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

*** Operator-in-Training Certificate – May not be designated as operator of the system.**

Signature of Applicant

Date