

Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR Bureau of Environmental and Coastal Quality Division of Environmental Quality P.O. Box 501304, Saipan, MP 96950 Tel: (670) 664-8500; Fax: (670) 664-8540

www.deq.gov.mp



Eli D. Cabrera Administrator Zabrina C. Shai Director, DEQ

APPLICATION FOR WATER OPERATOR CERTIFICATION RENEWAL

DEQ Use Only		
Date		
Recd By		
Type/Level		
Aprvd By		
Paid/Recpt		

Instructions:

Present Employment

- 1. Complete the application by filling in: General Information, Work Experience, Continuing Education and Signature.
- 2. Return the application to DEQ with copies of <u>continuing education certificates</u> that verify the continuing education listed on the application.
- 3. Pay the \$15 application fee at DEQ

		General Information		
Name:				
	Last	First		Middle Initial
Address:				
	Mailing Address	City	State	Zip Code
Email:				
Work Phone:		_ Fax Phone:	_ Home Phone:	
Water Operator	Certification Numbe	r:		

List Work Experience Since Last Certification in CNMI			
List your experience in water treatment or water distribution, the type of water treatment plant or population size of water distribution.			
	Job Duties/System Description		
Job Title:			
Start Date:			
End Date			
System Name:	Water Treatment Plant: Source of Water (Circle one) Groundwater Surface Water Describe treatment:		
System Owner:			

	Distribution: Approx. size of population served by distribution system
Supervisor:	
Phone Number:	

	Job Duties/System Description
Job Title:	
Start Date:	
End Date	
	Water Treatment Plant: Source of Water (Circle one) Groundwater Surface Water Describe treatment:
System Name:	
System Owner:	
Supervisor:	
Phone Number:	Distribution: Approx. size of population served by distribution system

Continuing Education			
Date	Class Title	Location	Hours
		Total Hours	

Signature of Applicant

I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Director or his representative for the purpose of issuance a certificate of competency for the class of operator's certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission or revocation of any certificate granted. I further consent to a thorough investigation by the Director or his representative of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Applicant's Signature

Date

Effective October 1, 2014