



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR
Division of Environmental Quality

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APPLICATION FOR WATER OPERATOR
CERTIFICATION RENEWAL

Table with 2 columns: DEQ Use Only, and rows for Date, Recd By, Type/Level, Aprvd By, Paid/Recpt.

Instructions:

- 1. Complete the application by filling in: General Information, Work Experience, Continuing Education and Signature.
2. Return the application to DEQ with copies of continuing education certificates 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 Number:

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.

Present Employment

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

Job Title: _____ Start Date: _____ End Date _____ System Name: _____ System Owner: _____ Supervisor: _____ Phone Number: _____	Job Duties/System Description
	Water Treatment Plant: Source of Water (Circle one) Groundwater Surface Water Describe treatment:
	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