

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
POLLUTION CONTROL OPERATOR CERTIFICATION**

PROFESSIONAL REFERENCE

Name of Applicant:			
Name of Reference:			
Employer:			
Address:			
Street	City	State	Zip
Phone:	Office:	Home:	
Relationship to Applicant:			
1. What is the name and location of the wastewater facility for which you have direct knowledge of the applicant's work experience? Facility: _____ County: _____ State: _____			
2. How long was the applicant employed at the facility? From: _____ To: _____			
3. What is/was the type of treatment process where the applicant is/was employed? Lagoon _____ Aerated Lagoon _____ Trickling Filter _____ Activated Sludge _____ Collection System Only _____ Other (specify): _____			
4. What is/was the design (permitted) flow at the facility where the applicant is/was employed? _____ MGD Don't know _____			
5. What were the duties of the applicant during this employment? Be Specific !! _____ _____ _____			
6. Did the applicant perform these duties satisfactorily? Yes _____ No _____ Don't know _____			
7. Additional comments: _____ _____ _____			
I hereby attest that the information provided by me in this matter is true and correct.			
Signature: _____ Date: _____			