



State of Louisiana
Department of Health and Hospitals
Office of Public Health
Engineering Services Operator Certification

APPLICATION FOR LOUISIANA OPERATOR CERTIFICATE

Name: _____ / _____ / _____
Last First Middle

Mailing Address: _____
Street or Post Office Box

City State Parish Zip

OpID 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

| Circle Certificate(s) Requested | | Certificate Fees: | Water | Wastewater |
|--|------------|--------------------------------------|--------------|-------------------|
| Water Production | *0 1 2 3 4 | One Certificate | \$20 | \$20 |
| Water Treatment | *0 1 2 3 4 | Two Certificates | \$30 | \$30 |
| Water Distribution | *0 1 2 3 4 | Three Certificates | \$40 | |
| Wastewater Treatment | *0 1 2 3 4 | Duplicate/Replacement Certificate/ID | \$5each | |
| Wastewater Collection | *0 1 2 3 4 | | | |
| | | Total Enclosed | _____ | |

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

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

Date

Signature of Supervisor

Date

Signature of Applicant