

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
BUREAU OF OCCUPATIONAL LICENSES
700 WEST STATE STREET, PO BOX 83720
BOISE, IDAHO 83720-0063**

*******APPLICATION FOR DRINKING WATER LICENSURE*******

INSTRUCTIONS

- All applications must be complete. Incomplete applications will not be processed or reviewed by the Board.
- The application fees are **not refundable** and will be applied to the action requested through this application only. Send your application and fees to the address listed above. All returned checks are subject to a \$20.00 fee.
- A separate application must be completed for each type and classification of license.
- Qualifying education and training will be based entirely on completeness and accuracy of information in this application. Supplemental sheets may be attached if necessary for further details regarding your education and training.
- Training acquired through programs such as short schools, accredited correspondence courses, trade schools, formalized workshops, seminars, adult and community education, etc. **must be** relevant to the field. Supporting documentation of attendance must be included.
- Training credit used for satisfying licensure requirements **must be** relevant to the field. Supporting documentation (such as copies of certificates showing CEUs awarded) must be included.
- The Experience Addendum **must include ONLY** that operating experience that is **relevant to the Type & Class** of license being applied for.
- Applicants for endorsement must arrange for documentation to be sent to the Board directly from the state(s) in which they hold licensure.

APPLICATION CHECKLIST

Please use this checklist for the required documents that must accompany your completed application.

Initial Exam

Application Fee: \$25
Original License Fee: \$35
Exam Fee: \$36
Copy of valid driver's license
Copy of high school diploma/GED

Endorsement

Application Fee: \$25
Original License Fee: \$35
Copy of valid driver's license
Copy of high school diploma/GED
Copy of Current Water or Wastewater license from other state
Copy of licensure law/criteria information from current state
Official Verification of Licensure sent directly from your state

OIT Upgrade

Application Fee: \$25

Upgrade

Application Fee: \$25
Exam Fee: \$36

Online Exams

The board is now offering online exams. If you are interested in this option instead of a written exam, you may sign up on the following page. Online exam space is limited and will be given on a first-come-first-served basis. Due to limited space, schedule changes cannot be accommodated for online exams.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Additional information about the application process, examination, and laws and rules may be obtained on the web at www.ibol.idaho.gov/www.htm. Address e-mails to www@ibol.idaho.gov

You may also write to the Board at:

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Exam type: <input type="checkbox"/> Online or <input type="checkbox"/> Written
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*****APPLICATION FOR DRINKING WATER LICENSURE*****

I hereby make application for licensure by: (Check **ONE** box for this application)

Initial Exam **Upgrade** **Endorsement**

and submit my qualifications and to practice as follows (SELECT ONE TYPE AND ONE CLASS):

LICENSE TYPE - Check One

Water Treatment Water Distribution Very Small Water System (license class not required)

LICENSE CLASS - Check One

Operator in Training Class I Restricted Class I Class II Class III Class IV

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
(The above address is public record) Street City State Zip

3. **Mailing address** _____
(The above address is not public record) Street City State Zip

4. **Birth Date:** ____/____/____ **Place of Birth** _____ **SS#** ____/____/____
 mm dd yyyy

If not previously submitted, proof of birth date must be attached.
(A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable for proof of age.)

5. **Business phone** (____) _____ **Cell phone** (____) _____ **E-mail** _____
(The above phone number is public record) (The above phone number is not public record)

6. **Do you hold a current** **water** or **wastewater license in Idaho?** **Yes** **No**

7. **Do you hold a high school diploma or GED?** **Yes** **No**
(Documentation that you meet this requirement must be included or on file with the Board.)

8. **Do you meet the educational and experience requirements?** **Yes** **No**
(This office must receive official educational transcripts directly from the educational institution registrar OR satisfactory evidence that you have attained the educational equivalent, AND verification letters from employers documenting the appropriate experience)

9. **Have you completed the Operator-In-Training Program (OIT)?** **Yes** **No**
(If Yes, an affidavit of training signed by your supervisor or employer must be included or on file with the Board.)

10. **Are you currently or have you ever been licensed in any other state(s)?** **Yes** **No**
(If Yes, certification of licensure(s) & classification criteria must be received directly from the issuing authority before your application will be processed.)

11. **Have you passed an examination for licensure:** **Water?** **Yes** **No**
(If Yes, documentation of appropriate examination scores must be on file before your application will be processed.) **Wastewater?** **Yes** **No**

12. **Have you ever had a license or certification revoked, suspended or otherwise sanctioned?** **Yes** **No**
(If Yes, a copy of the charges and the final order must be attached or on file with the Board. A Yes response DOES NOT constitute ineligibility.)

13. **Have you ever been convicted of any State or Federal felony?** **Yes** **No**
(If Yes, a detailed statement, summary of charges, final order, probation or parole documentation, and any other relevant information must be received before your application will be processed. A Yes response DOES NOT constitute ineligibility.)

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*******APPLICATION FOR DRINKING WATER LICENSURE*******

(continued)

NOTE: Affidavits must have original signatures, photocopies are not acceptable.

AFFIDAVIT

I certify under penalty of perjury that all information contained in this application and attached hereto is true and correct to the best of my knowledge and belief. I certify that I have reviewed and will abide by the laws and rules governing the practice for which I am seeking licensure. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Applicant

Signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

AFFIDAVIT OF CURRENT (OR LAST) EMPLOYMENT
Addendum

The information in this affidavit will be used to identify and establish the applicant's qualifying work experience for licensure at the grade level applied for. This information must represent the actual work experience and time the applicant was engaged in the operation of a facility. Dual experience for plant operation and systems operation should be identified when the applicant was responsible for both system operation and plant operation.

EMPLOYER or OWNER AFFIDAVIT

I hereby certify under penalty of perjury that the above named applicant [] is currently or [] was previously employed

as _____ for _____
Title/Position City, Service District, Corp.

from ____/____/____ to ____/____/____, with a work schedule of _____ hours per week and _____ days per week at a water
mm dd yyyy mm dd yyyy

system, and/or a work schedule of _____ hours per week and _____ days per week at a wastewater system. The named

applicant has worked _____ hours per week as the responsible charge operator from ____/____/____ to ____/____/____
date date

and was assigned the specific duties of _____

Print System Supervisor's Name

Title

License #

Supervisor or Owner Signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

