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
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www.deq.gov.mp

Frank M. Rabauliman
Administrator

David B. Rosario
Director, DEQ

APPLICATION FOR WATER OPERATOR CERTIFICATION RENEWAL

DEQ Use Only	
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:_____ Phone Number:_____	Distribution: Approx. size of population served by distribution system

	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