APPLICATION FOR OPERATOR CERTIFICATION THRU RECIPROCITY

INSTRUCTIONS TO APPLICANTS:

Application must be received by the Secretary at least FOUR WEEKS BEFORE THE NEXT MEETING OF THE BOARD OF OPERATOR CERTIFICATION. One certificate per application. Fax application to 605-773-5286, email application, or mail application to:

Rob Kittay-Secretary
Board of Operator Certification
523 East Capitol-Foss Building
Pierre, SD  57501-3181
Email: rob.kittay@state.sd.us

Applications for certification thru reciprocity are reviewed on a case-by-case basis by the Board of Operator Certification. Requirements for the certificate presently held in your state are compared to the requirements for certificates in South Dakota. Please note that you may not be awarded any certificate if the requirements to obtain your current certificate are lower than the standards in South Dakota. A copy of the certificate presently held should be included with the application. Each application must be accompanied by a fee of $60.00. Checks should be made out to “DANR”. If you fax or email application, please submit fee through the mail.


GENERAL INFORMATION (Print legibly and fill out completely):

1. Name __________________________________________________________________________
   Last                                     First                                       Middle

2. Home Mailing Address ____________________________________________________________
   _______________________________________________________________________________

3. Phone __________________________________ Fax _______________________________________

4. Email Address ___________________________________________________________________

5. Certificate Now Held ___________________________ From Which State _________________

6. Was an exam passed to acquire this certificate? Check one.  Yes ☐ No ☐

7. Was this certificate obtained thru reciprocity? Check one.  Yes ☐ No ☐

8. Is this certificate valid with all fees up-to-date? Check one.  Yes ☐ No ☐

9. Have you ever been certified in South Dakota before? Check one.  Yes ☐ No ☐
EDUCATION AND TRAINING

Are you a high school graduate? Check one.  Yes □  No □  GED □  If no, year completed ____________________

<table>
<thead>
<tr>
<th>College/Vo-tech Name</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Date Graduated</th>
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List other educational courses completed such as correspondence school, operators' short courses, etc.  Give date, name, and location of such courses.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

WATER/WASTEWATER OPERATION EXPERIENCE

Present Position Title _______________________________ Date Employed ______________________________

Supervisor Name and Title ______________________________

Describe in detail your daily duties. (Be Specific!) ______________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

List other job experience which you feel will pertain to your certification qualifications.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer Name/Location</th>
<th>Specific Job Duties</th>
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I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given is true and complete.

Signature ____________________________ Date ________________________________

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<th>Oper#</th>
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<tr>
<td>Cert Date</td>
</tr>
<tr>
<td>Reciprocity Approved Yes □ No □</td>
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<tr>
<td>Certificate Awarded</td>
</tr>
<tr>
<td>Cash</td>
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<tr>
<td>DANR Use Only</td>
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