

SOUTH DAKOTA DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

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 _____

College/Vo-tech Name	Dates Attended	Major	Date Graduated

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.

Dates	Employer Name/Location	Specific Job Duties

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given is true and complete.

Signature _____ Date _____

Oper#	
Cert Date	
Reciprocity Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
Certificate Awarded	
Cash	Check
DENR Use Only	