

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

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: wwp@ibol.idaho.gov

*****APPLICATION FOR DRINKING WATER OR WASTEWATER LICENSURE*****

****CLASS I AND II****

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.
- 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.
- **If you use previous experience to meet the requirements for your license; please use the previous employer affidavit. Employer/Owner Affidavits for previous employers will be kept on file.**
- 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: \$30
Exam Fee: \$37
Copy of valid driver's license
Copy of high school diploma/GED

Endorsement

Application Fee: \$25
Original License Fee: \$30
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: \$37

Online Exams

The Idaho Board of Drinking Water and Wastewater Professionals recently made changes to the exam process. Exams will no longer be proctored by the Department of Labor. For your convenience, the Board is now contracting with testing centers located at local colleges. Online examinations can be scheduled by you and taken at your convenience within one year of your approval by the Board.

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.

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Exam Type:
 Written
 (Written exams will be offered in Boise only in April and October)
 Or
 Online
 Please select a location for online.
 Boise
 Lewiston
 Nampa
 Post Falls
 Idaho Falls
 Pocatello
 Twin Falls

*******APPLICATION FOR DRINKING WATER OR WASTEWATER LICENSURE*****
CLASS I AND II**

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 Wastewater Treatment Wastewater Collection

LICENSE CLASS - Check One Class I Restricted Class I Class II

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

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

3. Mailing address _____
 (Will be used as address of record if none provided above) 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 experience requirements? **Yes** **No**

Restricted Class I: 260 hours of acceptable relevant on-site operating experience during twelve (12) consecutive months with the system. Rule 325

Class I: 1 year of acceptable relevant on-site operating experience at a Class I or higher system. Rule 328

Class II: 3 years of acceptable relevant on-site operating experience at a Class I or higher system. Rule 330

9. Restricted License Only: Do you have the required 16 hours of relevant continuing education? **Yes** **No**
 Copies of your CEU certificates must accompany this application. Rule 325

10. Have you completed an 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.)

11. 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.)

12. 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**

13. 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.)

14. 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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IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
APPLICATION FOR DRINKING WATER & WASTEWATER LICENSURE CLASS I -II

(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 _____

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EMPLOYER or OWNER AFFIDAVIT OF CURRENT EMPLOYMENT ADDENDUM – CLASS I & II

Please note: if you hold both a drinking water license and a wastewater license you must split the hours you work in a water system and the hours you work in a wastewater system.

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. **Please attach a separate sheet if additional information is needed regarding experience. Only actual hours accrued to the date the affidavit is signed can be counted. It must be signed by the supervisor that has completed and signed the employer affidavit.**

I hereby certify under penalty of perjury that _____ is employed
 (print name of applicant)

as _____ for _____
 Title/Position City, Service District, Corporation (employer)

Address _____
 Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

from ____/____/____ to ____/____/____, with a work schedule of ____ hours per week at a **WATER** system
 mm dd yyyy mm dd yyyy (please enter a specific date)

and/or a work schedule of ____ hours per week at a **WASTEWATER** system and was assigned the specific duties

of _____

 Print Supervisor or Owner Name Title License #

 Supervisor or Owner Signature Date

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

(seal) _____
 Notary Public Official Signature
 My Commission Expires _____

**THIS COMPLETED & SIGNED AFFIDAVIT ADDENDUM MUST ACCOMPANY THE APPLICATION
 PLEASE COPY THIS PAGE AS NECESSARY FOR EACH SUPERVISOR/EMPLOYER**

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I hereby certify under penalty of perjury that _____ was previously employed
(print name of applicant)

as _____ for _____
Title/Position City, Service District, Corporation (employer)

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

from ____/____/____ to ____/____/____, with a work schedule of ____ hours per week at a **WATER** system
mm dd yyyy mm dd yyyy

and/or a work schedule of ____ hours per week at a **WASTEWATER** system and _____ hours per week as **RESPONSIBLE CHARGE**
and was assigned the specific duties of _____

Print Supervisor or Owner Name Title License #

Supervisor or Owner Signature Date

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

(seal) Notary Public Official Signature
My Commission Expires _____

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