

ARKANSAS DEPARTMENT OF HEALTH  
 Engineering Section  
 4815 West Markham Street, Slot 37  
 Little Rock, Arkansas 72205-3867

# Water Operator Experience Update Form

**FOR ADH OFFICE USE ONLY**

Update Form Rec'd: \_\_\_\_\_

Customer #: \_\_\_\_\_

License Type: \_\_\_\_\_ Grade: \_\_\_\_\_

Experience Applicable: YES \_\_\_ NO \_\_\_ Unknown \_\_\_

Experience Met: YES \_\_\_\_\_ NO \_\_\_\_\_

Expected Experience Met Date: \_\_\_\_\_

Reviewer's Initials: \_\_\_\_\_

The 2002 revisions to the Rules and Regulations Pertaining to Water Operator Licensing, Section VIII, were revised to require system specific experience for the license type (Treatment versus Distribution) being obtained. This update form is provided to you to document your experience when you believe you have met the experience requirement as detailed in Section VIII of the Regulations. You did not meet the experience requirement with your original application for one of these reasons: 1) Your original application failed to provide adequate detailed information pertaining to your present experience. 2) Your experience was not applicable to the application license type. 3) Your applicable experience at the time of application was inadequate.

This form should be completed when an Operator has obtained the required experience or has additional documentation to obtain credit for existing experience.

Mail completed Experience Update form to:                      Engineering Section  
    Arkansas Department of Health  
    4815 West Markham, Slot 37  
    Little Rock, Arkansas 72205-3867

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address for License Info: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Other Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Water System Operated: \_\_\_\_\_ PWS ID # \_\_\_\_\_

If you operate additional water systems, please list their system information on back of this page and check this box.

Present Position Title \_\_\_\_\_ Office Phone # (\_\_\_\_\_) \_\_\_\_\_

**College Or Specialized Education For Evaluation Of Experience Credit:** (Please refer to Section VIII of the regulations which allows certain Post Secondary Degrees to be credited for the experience requirement. Please detail any Degree or other post secondary education you wish considered for possible credit.)

Institution Name & Location	Degree/Course Name	# Yrs Attended	Type of Degree Earned

Apply above degree(s) to: Experience requirement \_\_\_ or Mandatory Training Courses \_\_\_. See regulations for details.

(Over)

# Experience Update Form

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**Employment Background for Evaluation of Experience Credit:** (Be sure to begin with your **present employment/job duties and start date**. List your water system operation, maintenance and/or management experience and job duties for each specific job duty/position held. Attach additional information, if warranted. This list of experience and the above listed education will be evaluated to determine your compliance with the experience requirement. Incomplete or vague descriptions may delay the issuance of your license.)

FROM: (MM/DD/YY)	TO: (MM/DD/YY)	Employer's Name	Describe All Job Duties Related To License (If Job Duties Have Changed List Separately)
From:	Present		
Duties Cont'd			
From:	To:		
Duties Cont'd			
From:	To:		
Duties Cont'd			

I, the below signed individual, authorize the release of my employment, education and license records to the Arkansas Department of Health, to the extent necessary to determine my eligibility to obtain a license. I understand my License and Application information, except for my Social Security Number, is available to the public under the Freedom of Information Act. I agree to perform my duties as a Licensed Operator or Operator-In-Training in accordance with all applicable State and Federal Laws. I understand that failure to do so can result in administrative and/or civil penalties and the loss of my license. I certify that the information in this application is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

**Experience Validation by Owner or System Representative:**

(If this section is not completed any experience described above can not be considered for experience credit.)

The above named license applicant has provided an accurate and complete description of their experience to the best of my knowledge as the **Owner, Manager, or Operator in Responsible Charge** of the water system named on page 1 of this application. If there is experience described above for another water system or other related experience, I have no knowledge why this experience should not be evaluated for credit.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_