

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
BUREAU OF OCCUPATIONAL LICENSES
1109 MAIN ST, SUITE 220
BOISE, IDAHO 83702**

*******APPLICATION FOR WATER/WASTEWATER LICENSURE*******

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.
- 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: \$45
- Exam Fee: \$36
- Copy of valid driver's license
- Copy of high school diploma/GED

Endorsement

- Application Fee: \$25
- Original License Fee: \$45
- 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: \$36

Online Exams

The board is now offering online exams. If you are interested in this option instead of a written exam, you may sign up on the following page. Online exam space is limited and will be given on a first-come-first-served basis. Due to limited space, schedule changes cannot be accommodated for online exams.

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.

Additional information about the application process, examination, and laws and rules may be obtained on the web at www.ibol.idaho.gov/wwp.htm. Address e-mails to wwp@ibol.idaho.gov

You may also write to the Board at:

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IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
*******APPLICATION FOR WATER/WASTEWATER LICENSURE*******
(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 _____

AFFIDAVIT OF CURRENT (OR LAST) EMPLOYMENT
Addendum

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.

EMPLOYER or OWNER AFFIDAVIT

I hereby certify under penalty of perjury that the above named applicant [] is currently or [] was previously employed

as _____ for _____
Title/Position City, Service District, Corp.

from ____/____/____ to ____/____/____, with a work schedule of _____ hours per week and _____ days per week at a water
mm dd yyyy mm dd yyyy

system, and/or a work schedule of _____ hours per week and _____ days per week at a wastewater system. The named

applicant was assigned the specific duties of _____

Print System Supervisor's Name Title License #

Supervisor or Owner Signature

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
*****APPLICATION FOR WATER/WASTEWATER LICENSURE*****
(continued)**

EXPERIENCE ADDENDUM

(Please list **ONLY** that operating experience that is **relevant to the Type & Class** of license being applied for)

#1 Facility Name _____

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ___/___/___ to ___/___/___, [] Full-time [] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____

#2 Facility Name _____

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ___/___/___ to ___/___/___, [] Full-time [] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____

#3 Facility Name _____

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ___/___/___ to ___/___/___, [] Full-time [] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____

#4 Facility Name _____

Address _____
Street City State Zip

Facility Telephone Number: _____ Supervisor Name: _____

Experience from ___/___/___ to ___/___/___, [] Full-time [] Part-time - If part-time, total hours _____
mm dd yyyy mm dd yyyy

Your Position Title: _____ Type of Treatment: _____

System Design Flow _____ System Population Served _____ System Classification _____