

ARKANSAS DEPARTMENT OF HEALTH

Engineering Section

4815 West Markham, Slot 37, Little Rock, AR 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: _____

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 Rules. 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 a Water Operator has obtained the required experience or has additional documentation to obtain credit for existing experience.

Send completed form to:

Email: adh.water.licensing@arkansas.gov

Fax: 501-661-2032

Mail: Water Operator Licensing Program

Engineering Section, Slot 37

Arkansas Department of Health

4815 West Markham

Little Rock, Arkansas 72205

Last Name: _____ First: _____ Middle: _____

Name to appear on License certificate (*Print Clearly*): _____

Mailing Address for License Info: _____

City: _____ State: _____ Zip Code: _____ - _____

Cell/Other Phone # (____) _____ - _____ Driver's License #: _____

E-Mail: _____

Public 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 Rules 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 rules for details.

(Over)

EXPERIENCE UPDATE FORM

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 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			
From: / /	To: / /		
Duties			
From: / /	To: / /		
Duties			

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 (FOIA). I agree to perform my duties as a Licensed Operator or Operator-In-Training (OIT) 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 form. 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__