



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM

**APPLICATION FOR RECIPROCITY OF A WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER OR CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) OPERATOR CERTIFICATE**

**PART A – INSTRUCTIONS TO APPLICANT**

1. Please print in ink or type. List all DRINKING WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO experience regardless of which certificate you are applying for.
2. Complete a separate application for each reciprocated certificate that you are applying for.
3. Payment is required for a complete application. Check or money order payable to: Department of Natural Resources. No cash will be accepted.
4. The applicant must sign and date the original application and submit fee to the address listed below. Incomplete applications will be returned.
5. Attach a copy of your certificate from the home state or other issuing authority that you are asking to be considered for reciprocity.
6. The issuing authority for the certificate type and level you now hold must have requirements for examination, education and experience equal to or more stringent than the requirements for a Missouri certificate of equal classification.
7. Employment with a Missouri facility appropriate to the type of certification sought is required prior to receiving reciprocity. Applicants not employed by a Missouri facility may be issued a letter of intent valid for 180 days. The applicant must reapply if employment is not obtained within this timeframe.
8. The completed original application must be returned to the following address: Missouri Department of Natural Resources, Accounting Program, P.O. Box 176, Jefferson City, MO 65102-0176.

**PART B – GENERAL (PLEASE PRINT)**

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
HOME ADDRESS (STREET OR P.O. BOX NUMBER)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		COUNTY OF RESIDENCE	EMAIL ADDRESS	
DAYTIME TELEPHONE NUMBER WITH AREA CODE		HOME TELEPHONE NUMBER WITH AREA CODE	PRESENT ISSUING STATE	

**PART C – CERTIFICATION TYPE**

SELECT CERTIFICATION TYPE SOUGHT (CHECK ONE ONLY)

Drinking Water Treatment - \$65 fee must accompany this application

Drinking Water Distribution - \$65 fee must accompany this application

Wastewater Treatment - \$40 fee must accompany this application. Prior to issuing a certificate, you will be invoiced for \$25 certificate fee

Concentrated Animal Feeding Operations - \$40 fee must accompany this application. Prior to issuing a certificate, you will be invoiced for \$25 certificate fee

HAVE YOU EVER HAD AN OPERATOR CERTIFICATE REVOKED OR SUSPENDED?  NO  YES If Yes, Date \_\_\_\_\_ Name Of Certifying Authority \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN CERTIFIED IN MISSOURI?  NO  YES If Yes, Date \_\_\_\_\_ Missouri Certificate Number \_\_\_\_\_

**DECLARATION OF AGE ELIGIBILITY**

I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE

**METHOD OF PAYMENT**

CHECK OR MONEY ORDER ENCLOSED (NO CASH)

COMPLETED VOUCHER FORM (DW VOUCHERS VALID ONLY FOR DW OR DS - WW VOUCHERS VALID ONLY FOR WW)

CREDIT CARD OR eCHECK – Choose one of the following links to pay online.  
Confirm the link description matches the type of reciprocity selected above.  
Failure to provide confirmation number will result in an incomplete application which will be returned.

DW or DS – <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/260/>  
Confirmation/Approved Number \_\_\_\_\_

WW or CAFO – <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/261/>  
Confirmation/Approved Number \_\_\_\_\_

PAYMENT CONTACT NAME (IF DIFFERENT FROM APPLICANT)	DAYTIME PHONE NUMBER	ORGANIZATION NAME
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**EMPLOYMENT HISTORY – ATTACH RESUME OR ADDITIONAL SHEET AS NEEDED**

MOST RECENT EMPLOYER'S NAME		AREAS OF RESPONSIBILITY	%
NPDES # AND/OR	PWSID #		
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE		DRINKING WATER TREATMENT OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE		WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)	
START DATE: MO/DAY/YEAR	END DATE: MO/DAY/YEAR	COLLECTION SYSTEM OPERATIONS (EQUIVALENT WW/DS EXPERIENCE ONLY- NO IN-PLANT ACTUAL OPERATIONAL EXPERIENCE GIVEN) (10 CSR 60-14) (10 CSR 20-9)	
AVG HOURS PER WEEK	JOB POSITION/TITLE	CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)	
WORK TELEPHONE NUMBER WITH AREA CODE		OTHER DESCRIBE: _____	
SUPERVISOR'S NAME, TITLE, TELEPHONE NUMBER WITH AREA CODE		TOTAL (CANNOT EXCEED 100%)	

**EMPLOYMENT HISTORY**

PREVIOUS EMPLOYER'S NAME		AREAS OF RESPONSIBILITY	%
MO NPDES # AND/OR	PWSID #		
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE		DRINKING WATER TREATMENT OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE		WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)	
START DATE: MO/DAY/YEAR	END DATE: MO/DAY/YEAR	COLLECTION SYSTEM OPERATIONS (EQUIVALENT WW/DS EXPERIENCE ONLY- NO IN-PLANT ACTUAL OPERATIONAL EXPERIENCE GIVEN) (10 CSR 60-14) (10 CSR 20-9)	
AVG HOURS PER WEEK	JOB POSITION/TITLE	CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)	
WORK TELEPHONE NUMBER WITH AREA CODE		OTHER DESCRIBE: _____	
SUPERVISOR'S NAME, TITLE, TELEPHONE NUMBER WITH AREA CODE		TOTAL (CANNOT EXCEED 100%)	

**EDUCATION**

NONE                       HIGH SCHOOL DIPLOMA                       GED - YEAR OBTAINED \_\_\_\_\_

HIGH SCHOOL NAME	YEAR GRADUATED	CITY, STATE		
COLLEGE/UNIVERSITY (INCLUDE A COPY OF YOUR TRANSCRIPT UNLESS PREVIOUSLY SUBMITTED)				
SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

**APPLICANT SIGNATURE (REQUIRED)**

I hereby certify that this application and all attachments contain no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification of fact, this application will be rejected and my Missouri certification revoked. I also understand that previous applications will be checked for consistencies.

SIGNATURE OF APPLICANT	DATE
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**DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)**

AMOUNT RECEIVED	CHECK/VOUCHER NUMBER	RECEIVED BY
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY	POSTMARK DATE	