



STATE OF KANSAS REQUEST FOR RECIPROCITY

| STATE OF KANSAS OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE) | |
|---|---------------------------|
| DRINKING WATER | WASTEWATER |
| CERTIFICATE LEVEL ISSUED: | CERTIFICATE LEVEL ISSUED: |
| DATE ISSUED: | DATE ISSUED: |
| COMMENTS: | |

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone Number: Home _____ Work _____

Request reciprocity as (check one or both): water operator _____ and/or wastewater operator _____

Present or Prospective Kansas Employer _____

The state where present certificate(s) issued _____

Water Certificate:

Date Issued _____

Expiration Date _____

Wastewater Certificate:

Date Issued _____

Expiration Date _____

A. Eligibility Requirements for your current certificate

1. EDUCATIONAL BACKGROUND

| | Institution, City & State | Graduation Year | Diploma, Degrees, Credit Hours or Certificate Attained |
|-----------------------|---------------------------|-----------------|--|
| *High School/GED | | | |
| College or University | | | |

****Copy of High School Diploma, High School Transcript or GED must accompany reciprocity request.***

2. Were you required to take a written examination?

Yes _____

No _____

3. Was your current certificate obtained by reciprocity? _____ What state _____

4. Was it necessary for you to have on the job operator experience prior to taking the examination?

Yes _____ Number of years required _____

No _____

5. Were you required to receive training before being eligible to take the examination?

Yes _____

No _____

If your answer to question #5 was yes, please note those requirements below:

6. Does the state where present certificate was issued require continuing education (training) before renewing this certificate?

Yes _____

No _____

If yes, training hours required _____ Hours/CEU's (**circle one**)

7. Please list all other eligibility requirements.

B. Please attach a resume describing your water and/or wastewater training and experience, a copy of your present certificate(s), and the name, address and telephone number of contact persons at your previous employers.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATIONS AND THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN PROVIDING FALSE INFORMATION, THIS APPLICATION WILL BE REJECTED AND WILL LEAD TO NOT BEING ISSUED A KANSAS CERTIFICATE.

(SIGNATURE)

(DATE)

SEND COMPLETED FORM TO:

**Vickie Wessel
KDHE - Bureau of Water
Technical Services Section
1000 SW Jackson St., Suite 420
Topeka, KS 66612-1367**

