



# STATE OF KANSAS REQUEST FOR RECIPROCITY

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|---|----------------------------------|
| <b>STATE OF KANSAS DEPARTMENT OF HEALTH &amp; ENVIRONMENT</b><br>-----OFFICE USE ONLY DO NOT WRITE IN THIS SPACE----- |                                  |
| <b>DRINKING WATER</b>   | <b>WASTEWATER</b>                |
| <b>CERTIFICATE LEVEL ISSUED:</b>  | <b>CERTIFICATE LEVEL ISSUED:</b> |
| <b>DATE ISSUED:</b>   | <b>DATE ISSUED:</b>              |
| <b>COMMENTS:</b>  |                                  |

OPERATOR REQUESTING RECIPROCITY PLEASE COMPLETE THE FORM BELOW

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

Request reciprocity as **(circle 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:

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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.

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***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**  
**1000 SW Jackson St., Suite 420**  
**Topeka, KS 66612-1367**  
**e-mail: [vickiejo.wessel@ks.gov](mailto:vickiejo.wessel@ks.gov)**