



**Operations Experience (continued)**

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| Advanced/Tertiary Treatment Job Duties (if applicable): |
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| Disinfection Job Duties (if applicable):                |
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| Solids Handling Job Duties (if applicable):             |
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| Other Treatment Process Job Duties (if applicable):     |
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**We affirm, under penalty of perjury, that the information we have entered on this form is true to the best of our knowledge and belief. Attesting to Operations Experience which the Applicant and/or Supervisor know is false, can lead to civil and/or criminal action including, but not limited to, revocation of the Applicant's and/or Supervisor's wastewater treatment plant operator's certificate.**

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|-------------------------|-------|
| Applicant's Signature:  | Date: |
| Supervisor's Signature: | Date: |

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**For NYSDEC Use Only**

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| REGIONAL OFFICE OR HEALTH DEPARTMENT RECOMMENDATION: (Circle and Explain)                     |
| a. APPROVAL OF OPERATIONS EXPERIENCE: For Certification Grade: _____ under 6NYCRR Part 650.6. |
| b. DISAPPROVED for the following reasons: _____   |
| By: _____ Title: _____ Date: _____  |