

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

Return to:

Wisconsin Department of Natural Resources
Operator Certification Program SS/7
PO Box 7921
Madison, WI 53707-7921

Drinking Water Operator Certification – Reciprocity Application

Form 3400-218 (01/17)

Notice: Pursuant to §§ NR 114.07(2) and NR 114.35(2), Wis. Adm. Code, this application is required to apply for reciprocity in the State of Wisconsin if you have a current drinking water operator certification in another state or country. Complete the information below and check off the list at the end of this application; incomplete applications will be returned. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Laws (ss.19.31-19.39, Wis. Stats.).

Operator Information

Last Name		First name		MI
Address		City	State	ZIP Code
Work Telephone Number	Cell/Home Telephone Number	Email		

Place of Employment: _____

Certification Information

State of: _____ Certification Held: _____

Certificate Number: _____ Expiration Date: _____

What is the highest and lowest certification level for the state in which you hold your license?

Highest: _____ Lowest: _____

Name of Certification Exam Passed	Number of Questions	Was exam open or closed book?
		<input type="radio"/> Open <input type="radio"/> Closed
		<input type="radio"/> Open <input type="radio"/> Closed

Experience (also complete an experience form for each system you have worked at):

Employment Dates:

From: _____ To: _____ Location: _____

Water System Name: _____

Population Served: _____ Type of Water Source: Groundwater Surface Water

Describe the treatment(s) used:

Checklist

Have you enclosed?

- Application for reciprocity
- Resume and/or cover letter describing overall experience
- Copy of your current certificate(s)
- Completed experience form(s) ([Form # 3400-066B](#)) – complete one for each facility you have worked at.
- \$100 check or money order made payable to the WI DNR (non-refundable)
- Social Security Number Request Form ([Form # 9400-568](#)) (required per s.299.08 Wis. Stats.)

Mail your completed application materials to the return address listed above.

Certification

I hereby certify that the information provided is true and accurate.

Signature of Applicant: _____ Date Signed _____