

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
APPLICATION FOR WASTEWATER OPERATOR LICENSE BY RECIPROCITY**

Please type or print

Date: _____

Name: _____

Address: _____

Social Security Number: _____

Home phone: (_____) _____ Business phone: (_____) _____

Employed by: _____

Business address: _____

Date of high school diploma or GED: _____

State currently licensed by: _____

Class of current license: _____

Expiration date of current license: _____

Years of wastewater experience: _____

Hours of wastewater training: _____

The above information is true and correct to the best of my knowledge.

Signature of applicant

Please submit this completed application along with a check or money order in the amount of \$40.00 to:

ADEQ/Wastewater Licensing
5301 Northshore Drive
North Little Rock, AR 72118
Phone: 501-682-0823 or 501 682-0998
Fax: 501-682-0910