



# APPLICATION FOR DISTRIBUTION SYSTEM OPERATOR LICENSE

Distribution System Operator  
Certification

Reviewed by: \_\_\_\_\_

+Please read instructions before completing the application.  
Complete each question, copy and mail to the Department with appropriate documents and fee.

**Please type or print all information legibly.**

<b>1. TYPE OF LICENSE REQUESTED:</b>		<input type="checkbox"/> <b>Distribution System Operator</b>																
Please specify the license for which you are applying <input type="checkbox"/> <b>Level 1</b> <input type="checkbox"/> <b>Level 2</b> <input type="checkbox"/> <b>Level 3</b> <input type="checkbox"/> <b>Level 4</b>																		
<b>2. APPLICANT PROFILE DATA: Please type or print in black ink.</b>		<b>DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY</b>																
Name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Last</td> <td style="width: 30%; border-bottom: 1px solid black;">First</td> <td style="width: 30%; border-bottom: 1px solid black;">Middle</td> </tr> </table>	Last	First	Middle	<b>ORG.CODE/E.O./FUND</b> 37352030000/86/780001													
Last	First	Middle																
Mailing Address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Number and Street</td> <td style="width: 40%; border-bottom: 1px solid black;">Apt. No./Inmate Number</td> </tr> </table>	Number and Street	Apt. No./Inmate Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Level 1, 2, 3 &amp; 4 License</b></td> <td style="width: 15%;"><b>Receipt #:</b></td> <td style="width: 25%;"><b>Payment #:</b></td> </tr> <tr> <td>001078 - Application Fee \$ 25.00</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td>002190 - License Fee \$ 25.00</td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 50.00</b></td> </tr> </table>		<b>Level 1, 2, 3 &amp; 4 License</b>	<b>Receipt #:</b>	<b>Payment #:</b>	001078 - Application Fee \$ 25.00			002190 - License Fee \$ 25.00			<b>Total \$ 50.00</b>			
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Home Telephone: (    )    (    )	Business Telephone: (    )    (    )	*Social Security Number: -    -    -																
<b>3. EQUAL OPPORTUNITY DATA</b>																		
<p>We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.</p>																		
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female																		
Date of Birth:    ___ / ___ / ___	Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? If yes, list the name(s) and date(s) of change below:  <input type="checkbox"/> No <input type="checkbox"/> Yes _____																	
<b>4. CURRENT LEVEL OF LICENSURE OR TRAINING OBTAINED (if applicable)</b>																		
(Circle current level)																		
<input type="checkbox"/> D.E.P. Distribution System Operator	1   2   3   4	Certificate #	Date Issued															
<input type="checkbox"/> Completed a Voluntary Distribution System Operator Training Course(s)	Circle Course Hrs. 20 – 39 40 – 59 60 or more	Organization that issued Certificate:	Date Issued															
(Please attach a copy of certificate(s))																		
<b>5. EXAMINATION VERIFICATION</b>																		
Examination Type and Level: _____		Examination Date: _____																
<b>Note: The date of completion of the successful examination must be no more than 4 years prior to the licensure application.</b>																		
*Social Security numbers must be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), Public Law 104-193, 1996.																		

**6. EMPLOYMENT EXPERIENCE VERIFICATION - CURRENT EMPLOYMENT**

List all additional experience. Copy and use as many sheets as necessary.

Name  Mailing Address	Distribution System Name		PWS ID#: _____  Permit #: _____
	Street and Number	Telephone Number ( )	
	City	State Zip	

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime): \_\_\_\_\_  
 C. Total number of weeks worked (in A above) \_\_\_\_\_ D. Multiply B by C: \_\_\_\_\_ + Overtime hours \_\_\_\_\_ = \_\_\_\_\_ (total hours)

I, the direct supervisor or lead operator of \_\_\_\_\_ do confirm that the distribution system experience listed here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: \_\_\_\_\_ Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NOTE: 52 Weeks = One year, times total number of years.

**7. EMPLOYMENT EXPERIENCE VERIFICATION - PAST EMPLOYMENT**

List all additional experience. Copy and use as many sheets as necessary.

Name  Mailing Address	Distribution System Name		PWS ID#: _____  Permit #: _____
	Street and Number	Telephone Number ( )	
	City	State Zip	

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime): \_\_\_\_\_  
 C. Total number of weeks worked (in A above) \_\_\_\_\_ D. Multiply B by C: \_\_\_\_\_ + Overtime hours \_\_\_\_\_ = \_\_\_\_\_ (total hours)

I, the direct supervisor or lead operator of \_\_\_\_\_ do confirm that the distribution system experience listed here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: \_\_\_\_\_ Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NOTE: 52 Weeks = One year, times total number of years.

**8. ADDITIONAL EMPLOYMENT EXPERIENCE VERIFICATION**

List all additional experience. Copy and use as many sheets as necessary.

Name  Mailing Address	Distribution System Name		PWS ID#: _____  Permit #: _____
	Street and Number	Telephone Number ( )	
	City	State Zip	

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime): \_\_\_\_\_  
 C. Total number of weeks worked (in A above) \_\_\_\_\_ D. Multiply B by C: \_\_\_\_\_ + Overtime hours \_\_\_\_\_ = \_\_\_\_\_ (total hours)

I, the direct supervisor or lead operator of \_\_\_\_\_ do confirm that the distribution system experience listed here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: \_\_\_\_\_ Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NOTE: 52 Weeks = One year, times total number of years.

**9. ADDITIONAL EMPLOYMENT EXPERIENCE VERIFICATION**

List all additional experience. Copy and use as many sheets as necessary.

Name	Distribution System Name			PWS ID#: _____ Permit #: _____
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Supervisors Name: \_\_\_\_\_ Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NOTE: 52 Weeks = One year, times total number of years.

**10. PEER LETTER**

If the experience required for licensure listed above is not verified by a certified operator with the State of Florida the applicant must provide a peer reference letter as specified in rule 62-602.420(2)(d)

**11. APPLICATION VERIFICATION**

I verify that the information given above is correct and true to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any license I may hold. Further, I understand that it is my responsibility to supplement my application to reflect any material change in circumstances, which may affect my eligibility for licensure.

Signature of Applicant \_\_\_\_\_ Date Signed: \_\_\_\_\_

# PLEASE NOTE

Before you mail your application: Please be sure you have completed the application in its entirety. Attach all required supporting documentation. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount:

**\$50.00 for Level 1, 2, 3 or 4**  
**\$20.00 for Wards of the State.**

Send Application to:

**Department of Environmental Protection**  
**Post Office Box 3070**  
**Tallahassee, Florida 32315**

**For Staff Use Only**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_