

APPLICATION INSTRUCTIONS

1. In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Nova Scotia Environment will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.
2. Information regarding operator certification in Nova Scotia can be found on our website at: <http://NovaScotia.ca/wwoc>.
3. When transferring a Water or Wastewater Operator Certification certificate from another jurisdiction, this application must be completed.
4. Please send completed applications to: Operator Certification Administrator C/O Sandra Hartley, Nova Scotia Environment, PO Box 442, 1894 Barrington St., Suite 1800, Halifax, NS B3J 2P8. Alternatively, you may fax to (902) 424-1080 or scan and email to wwoc@NovaScotia.ca.
5. Inquiries may be directed to 902-225-5037 or 902-424-2553.

APPLICANT CONTACT INFORMATION

| | | | | | |
|------------------|--|------------------------|--|---------------------|--|
| FIRST NAME | | MIDDLE NAME OR INITIAL | | LAST NAME | |
| MAILING ADDRESS | | | | CITY/TOWN/COMMUNITY | |
| PROVINCE / STATE | | POSTAL CODE / ZIP CODE | | EMAIL | |
| HOME NUMBER | | MOBILE NUMBER | | FAX NUMBER | |

CERTIFICATION AUTHORITY CONTACT INFORMATION

| | | | | | |
|----------------------------------|--|------------------------|----------------|--------------|--|
| OPERATOR CERTIFICATION AUTHORITY | | | CONTACT PERSON | | |
| ADDRESS | | | | CITY | |
| PROVINCE / STATE | | POSTAL CODE / ZIP CODE | | PHONE NUMBER | |
| | | | | FAX NUMBER | |

CERTIFICATE(S) TO BE TRANSFERRED

COPIES OF CERTIFICATES TO BE TRANSFERRED MUST BE INCLUDED WITH THE APPLICATION.

| | | |
|----------------------------|--------------------|-------------|
| CERTIFICATE TYPE AND CLASS | CERTIFICATE NUMBER | EXPIRY DATE |
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DECLARATION OF APPLICANT

I hereby certify with my signature that all information contained in this application is true and correct. I understand that any omissions or misrepresentations may result in ineligibility for certification renewal or revocation of any certificate granted.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|