Employment Addendum Drinking Water Licensure Current Employer

NOTE: Self-verification will not be accepted

Applicant Name:		
Title/Position:		
Current Employer:		
System Classification: O Distribution O Very Small Water System	O Treatment	
System Type: O Class I O Class II O Class III (Only required for collection or treatment systems)	O Class IV	O Other:
Business Address:		
Business Phone: Supervisor Name:		

Number of Hours Worked

NOTE: The number of hours worked may NOT include vacation, sick, or paid holidays taken. Applicants may not receive more than one (1) year of experience for hours worked in excess of one thousand six hundred (1,600) hours in a calendar year unless specifically approved by the Board based upon documentation submitted by the Applicant (IDAPA 24.05.01.300.03).

Dates of Employment: $\underline{\qquad} / \underline{\qquad} / \underline{\qquad} / \underline{\qquad} to \underline{\qquad} mm / \underline{\qquad} / \underline{\qquad} / \underline{\qquad} yyyy$		
Dates of Responsible Charge: / / to / / (Required for Class III or IV License) mm dd yyyyy mm dd yyyyy		
Total Number of On-Site Experience Hours: hours		
Total Number of Responsible Charge Experience Hours: hours		
Are the above dates taken from payroll records: O Yes O No		
If No, please explain:		

Job Duties Relevant to Class of Licensure

If applying for Class 3 or higher, list responsible charge duties. NOTE: An operator-in-training cannot accept or perform the designated responsible charge duties at any system (IDAPA 24.05.01.250.04)

Certification

Upon oath I certify each of the following: the responses and information provided in this addendum is true and correct to the best of my knowledge; falsification of any information could lead to disciplinary including but not limited to revocation of licensure; any of the hours submitted are subject to additional verification.

Supervisor Name:

Title: _____ License Number: _____

Supervisor Signature:

Date:

Employment Addendum Water Licensure Previous Employer

NOTE: Self-verification will not be accepted

Applicant Name:			
Title/Position:			
Previous Employer:			
System Classification: O Distribution O Very Small W	vater System	O Treatment	
System Type: O Class I O Class (Only required for collection or treatment systems)	II O Class III	O Class IV	• O Other:
Business Address:			
Business Phone: S	Supervisor Name:		

Number of Hours Worked

NOTE: The number of hours worked may NOT include vacation, sick, or paid holidays taken. Applicants may not receive more than one (1) year of experience for hours worked in excess of one thousand six hundred (1,600) hours in a calendar year unless specifically approved by the Board based upon documentation submitted by the Applicant (IDAPA 24.05.01.300.03).

Dates of Employment: $\underline{mm} / \underline{dd} / \underline{yyyy}$ to $\underline{mm} / \underline{dd} / \underline{yyyy}$
Dates of Responsible Charge: / / to / / (Required for Class III or IV License) mm dd yyyyy mm dd yyyyy
Total Number of On-Site Experience Hours: hours
Total Number of Responsible Charge Experience Hours: hours
Are the above dates taken from payroll records: O Yes O No
If No, please explain:

Job Duties Relevant to Class of Licensure

If applying for Class 3 or higher, list responsible charge duties. NOTE: An operator-in-training cannot accept or perform the designated responsible charge duties at any system (IDAPA 24.05.01.250.04)

Certification

Upon oath I certify each of the following: the responses and information provided in this addendum is true and correct to the best of my knowledge; falsification of any information could lead to disciplinary including but not limited to revocation of licensure; any of the hours submitted are subject to additional verification.

Supervisor Name:

Title: _____ License Number: _____

Supervisor Signature:

Date: