



# OPERATOR CERTIFICATION RECIPROCITY FORM

NAME: \_\_\_\_\_ OPERATOR NUMBER: OP0 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Last 4 digits of S.S.N.: \_\_\_\_\_

| Arizona Certificate<br>CERTIFICATE TYPE | Requested:<br>GRADE |   |   |   | Reciprocity Requested With State of:<br>This the state with which you currently have certificates. |       |                    |
|---|---------------------|---|---|---|--|-------|--------------------|
|   | 1                   | 2 | 3 | 4 | Current certificate type   | Grade | Certificate number |
| Water Treatment                         |                     |   |   |   |  |       |                    |
| Water Distribution                      |                     |   |   |   |  |       |                    |
| Wastewater Treatment                    |                     |   |   |   |  |       |                    |
| Wastewater Collection                   |                     |   |   |   |  |       |                    |

**I certify the information supplied above is true and accurate to the best of my knowledge and the above referenced certificates were earned by taking a written exam. I understand this information is subject to verification and false or misleading statements may result in the denial of my application request.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

When you send in your application you must include a copy of your current certificate.

Arizona Department of Environmental Quality  
 Operator Certification Program  
 1110 W. Washington St., Mail Code 5690D  
 Phoenix, AZ 85007  
 Fax: (602) 771-4634  
 Email: [azopcert@azdeq.gov](mailto:azopcert@azdeq.gov)  
 Phone: (602) 771-4511