

Department of Environmental Quality



NOTICE

NEW PROCEDURES FOR OBTAINING AGENCY ISSUED LICENSES/CERTIFICATIONS

Effective November 1, 2007

In order to comply with Oklahoma's new immigration law, 56 Okla. Stat. § 71, the Oklahoma Department of Environmental Quality has established the following new procedures for an individual to obtain an agency-issued license/certification.

- A. In order to obtain a license/certification or to renew an existing license/certification, the documentation requested in Sections C and E, including a signed Affidavit Regarding Citizenship, is required. In the absence of the required documentation, citizenship and immigration status cannot be determined and applicants may not be eligible for the license/certification for which they are applying.
- B. The Department of Environmental Quality will have available notary public services for the Affidavit Regarding Citizenship at no cost to the applicant at the main office located at 707 N. Robinson, Oklahoma City, Oklahoma 73101 during regular business hours (8:00 a.m. – 4:30 p.m. Monday through Friday, except holidays).
- C. The following documents **must** be provided to the agency with the relevant license/certification application in order to establish eligibility:

ALL U.S. CITIZENS

1. A signed and notarized Affidavit Regarding Citizenship (see attached affidavit)

ALL NON-U.S. CITIZENS:

If you are not a U.S. Citizen, but are a qualified alien under the federal Immigration and Nationality Act and are lawfully present in the U.S. to work, please provide one of the documents listed in Section E, along with the Affidavit Regarding Citizenship.

- D. The Oklahoma Department of Environmental Quality participates in the Systematic Alien Verification for Entitlements (SAVE) Program, which is an intergovernmental information-sharing initiative designed to aid in determining a non-citizen applicant's immigration status (lawful presence), and thereby ensuring only eligible non-citizens receive government benefits, such as licenses/certifications.
- E. The Oklahoma Department of Environmental Quality will only issue licenses/certifications to Qualified Aliens (non-U.S. citizens) who present valid documentary evidence of one (1) of the following:
 - Unexpired foreign passport, with I-551 stamp, or attached Form I-94 indicating unexpired employment authorization;
 - Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151, or I-551);

- Unexpired Temporary Resident Card (Form I-688);
- Unexpired Employment Authorization Card (Form I-688A)
- Unexpired Reentry Permit (Form I-327);
- Unexpired Refugee Travel Document (Form I-571);
- Unexpired Employment Authorization Document issued by Department of Homeland Security (“DHS”) containing a photograph (Form I-688B);
- Valid unexpired immigrant or non-immigrant visa status for admission into the United States;
- Pending or approved application for asylum in the United States;
- Pending or approved application for temporary protected status in the United States;
- Approved deferred action status (Aliens whose deportation is being withheld under (1) § 243(h) of the Immigration and Nationality Act (“INA”) as in effect prior to April 1, 1997 or (2) § 241(b)(3) of the INA;
- Pending application for adjustment of status to legal permanent resident or conditional resident status. (Aliens granted conditional entry under § 2039 (a)(7) of the INA before April 1, 1980). (Upon approval, the applicant may be issued a temporary license/certification for the period of time of the authorized stay in the U.S., or if there is no definite end to the period of authorized stay, then for period of one (1) year);
- Cuban and Haitian Entrants, as defined in § 501(e) of the Refugee Education Assistance Act of 1980;
- Aliens granted parole for at least one year under § 212(d)(5) of the INA;
- Battered aliens, who meet the conditions set forth in § 431(c) of Personal Responsibility and Work Opportunity Reconciliation Act (“PRWORA”) as added by § 501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, P.L. 104-208 (IIRIRA), and amended by § 5571 of the Balanced Budget Act of 1997, P.L. 105-33 (BBA), and § 1508 of the Violence against Women Act of 2000, P.L. 106-386. Section 431(c) of PRWORA, as amended, is codified at 8 U.S.C. 1641(c);
- Victims of a severe form of trafficking, in accordance with § 107(b)(1) of the Trafficking Victims Protection Act of 2000, P.L. 106-386.

F. Complying with the above requirements does not guarantee issuance of a license/certification. Applicants must still satisfy all other required qualifications of the respective licenses/certifications for which they are applying.

G. RENEWALS:

Effective November 1, 2007, all applicants will be required to present the documentation listed in Sections C and E to establish eligibility. All licenses/certifications may be renewed upon expiration by, in addition to satisfying any other preconditions required by the particular license/certification, mailing a renewal application and any applicable renewal fee. For renewal applicants that have already demonstrated citizenship by satisfying the requirements set forth in Section C above in his/her original application or a prior renewal application, the applicant shall not be required to resubmit such documentation. For renewal applicants that identify themselves as a “qualified alien lawfully present” in the Affidavit Regarding Citizenship, the documents listed in Section E must be resubmitted to the Oklahoma Department of Environmental Quality with the renewal application in order to demonstrate that the applicant’s lawful status has not changed.

The Oklahoma Department of Environmental Quality
INSTRUCTIONS for OPERATOR CERTIFICATION RECIPROCITY APPLICATION

1. List the **NUMBER** of certificates you wish to transfer, **STATE** from which you are transferring and **EXPIRATION DATE** of those certificates

2. Print your **NAME, MAILING ADDRESS, CITY, STATE**, etc. Your **BIRTHDATE** and **SOCIAL SECURITY NUMBER** must be shown. The **MAILING ADDRESS** must be the **OPERATOR'S ADDRESS!**

3. List **YOUR JOB TITLE**: (Water Plant Supt, Wastewater Plant Supt, Water Plant Operator, etc).

DO YOU SUPERVISE OTHER EMPLOYEES? Answer yes or no. **IF YES**, list the number of employees you supervise. Please list the **NAME OF YOUR SUPERVISOR** and his/her **LICENSE NUMBER**.

5. List your **PLACE OF EMPLOYMENT'S NAME, ADDRESS, CITY, STATE**, etc.

6. **EMPLOYER'S WATER FACILITY / SEWER FACILITY ID NUMBERS**: The Water Facility Number is a seven-digit **NUMBER** and the Wastewater Facility **NUMBER** usually has 5 digits. These numbers identify the type of system. They can be obtained from your Supervisor or Employer.

7. **CHECK (X)** the box on the left of the certification level for which you are applying. List the equivalent certification you hold as well as the current certification # in your state. Be sure to notice that there are separate boxes for water and wastewater.

8. List your **EXPERIENCE** in Water, Wastewater, Laboratory, or Distribution/Collection which will be used to qualify for this certification. Be sure to list "**TO**" and "**FROM**" dates as well as **DESCRIBE YOUR DUTIES**.

NOTE: It is important to update this information each time you apply. **DO NOT** rely on this office to maintain the information. The regulation states this is the responsibility of the Operator.

9. **TRAINING CREDIT -**

Please list all water and/or wastewater classes you have attended and/or will be attending prior to transfer of certification. **Additional sheets or copies of certificates may be attached in lieu of this section.**

THE TRAINING CREDIT SECTION CANNOT BE LEFT BLANK.

NOTE: It is important to update this information each time you apply. **DO NOT** rely on this office to maintain the information. The regulation states this is the responsibility of the Operator.

10. Read the "**STATEMENT OF UNDERSTANDING**", **SIGN, DATE. Must be the Applicant's Signature.**

FEES: The application fee is a **non-refundable, nontransferable** fee of \$62 per certification to be transferred. Please choose form of payment on the **PAYMENT FORM** located at the bottom of page 3 of the application.

Make your check or money order payable to: Dept of Environmental Quality and mail it with the application to:

**DEPT OF ENVIRONMENTAL QUALITY
FINANCIAL & HUMAN RESOURCES
OKLAHOMA CITY, OK 73101-2036**

PO BOX 2036

As of September 10, 2009, faxed applications CAN be accepted. A purchase order, or credit card number MUST be included and the affidavit of citizenship must have an ink notary stamp.

- ✓ Check your application to make sure that you have completed all blanks. If any information is not listed, your application is subject to being returned and not being approved.
- ✓ If you need assistance contact the operator certification section at or (405) 702-8100.
- ✓ After you submit your reciprocity application, it will be processed. If your application is returned to you with a disapproval letter, please make corrections and return your application. Allow 4 weeks for the reciprocity process.
- ✓ Application must be submitted on a current form.
- ✓ Please allow 6 weeks for the processing of a reciprocity application.

YOU ARE NOT AN OPERATOR IN THE STATE OF OKLAHOMA UNTIL YOU HAVE RECEIVED YOUR OKLAHOMA CERTIFICATION CARD.

The Oklahoma Department of Environmental Quality
OPERATOR CERTIFICATION RECIPROCITY APPLICATION

PLEASE RETURN THE APPLICATION AND APPLICATION FEE TO: Dept. of Environmental Quality
 Financial & Human Resources
 PO Box 2036
 Oklahoma City, OK 73101-2036
 Or: Fax # 405-702-8101

Incomplete or incorrect applications may be returned.

PAYMENT INFORMATION

Payment must be included with this application. The **non-refundable and non-transferable application fee** is \$62.00 per certification to be transferred. This is an application processing fee and is incurred at the time of application.

1. # of certificates to be transferred	Licensing State:	Expiration date:
2. Last name:	First name:	MI:
Mailing address:	City:	State: Zip:
Social Security #:	Birthdate:	
<small><input type="checkbox"/> Pursuant to OAC 710:95-9-3(a), DEQ must provide to the Oklahoma Tax Commission ("OTC") a list of all its licensees along with their social security numbers and other identifying information that may be required by OTC.</small>		
Home Phone:	Email Address:	
3. Job Title:		
Do you supervise other operators or helpers If yes, how many?		
Name of Immediate Supervisor		Supervisor's License #
4. Employer:	Address:	City:
State:	Zip:	Office Phone: Fax:
5. Water Facility ID:	Wastewater Facility ID:	

6. Please place an X in the box to the left of the certifications you wish to transfer.

Oklahoma Certification		Equivalent License in your state		Current License #	
WATER	WASTEWATER	WATER	WASTEWATER	WATER	WASTEWATER
<input type="checkbox"/>	D (100050)	<input type="checkbox"/>	D (100117)		
<input type="checkbox"/>	C (100051)	<input type="checkbox"/>	C (100118)		
<input type="checkbox"/>	B (100119)	<input type="checkbox"/>	B (100121)		
<input type="checkbox"/>	A (100120)	<input type="checkbox"/>	A (100122)		
<input type="checkbox"/>	C LAB (100123)	<input type="checkbox"/>	C LAB (100124)		
<input type="checkbox"/>	B LAB (100125)	<input type="checkbox"/>	B LAB (100126)		
<input type="checkbox"/>	A LAB (100127)	<input type="checkbox"/>	A LAB (100128)		
DISTRIBUTION / COLLECTION					
<input type="checkbox"/>	C OPERATOR (100129)				
<input type="checkbox"/>	TECHNICIAN (100130)				

The Oklahoma Department of Environmental Quality
OPERATOR CERTIFICATION RECIPROcity APPLICATION

7. **Experience:** List your experience in water and/or wastewater system operations or maintenance. List your present job first. Attach additional sheets if needed.

1. From _____ To _____ Name of Employer _____
Employer's Address _____ City _____ State _____ Zip _____
Describe your duties in detail: _____

2. From _____ To _____ Name of Employer _____
Employer's Address _____ City _____ State _____ Zip _____
Describe your duties in detail: _____

8. **Training Credit:** Please list all water and/or wastewater classes you have attended and/or will be attending prior to transfer of certification. **Additional sheets or copies of certificates may be attached in lieu of this section.**

THIS SECTION CANNOT BE LEFT BLANK



Class Title and Location	Class Date(s)	Training Hours	Class Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total hours approved training _____

Highest high school grade or college degree completed: _____

9. **Statement of understanding:** I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete. I understand that any misrepresentation or falsification may result in rejection of my application or in revocation of any certificate issued as a result of this application.

Signature of Applicant _____ **Date** _____

Payment page located on Page 3

PLEASE CHOOSE FORM OF PAYMENT		
APPLICATION CANNOT BE PROCESSED WITHOUT PAYMENT.		
CHECK ENCLOSED	MADE PAYABLE TO DEQ	CHECK #
MONEY ORDER ENCLOSED	MADE PAYABLE TO DEQ	MONEY ORDER #
PURCHASE ORDER		PURCHASE ORDER #
CREDIT CARD: MUST BE VISA OR MASTERCARD		SIGNATURE:
EXPIRATION DATE:		CREDIT CARD #: