

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
APPLICATION FOR WASTEWATER OPERATOR LICENSE BY RECIPROCITY**

Please type or print

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Business phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Employed by: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Date of high school diploma or GED: \_\_\_\_\_

State currently licensed by: \_\_\_\_\_

Class of current license: \_\_\_\_\_

Expiration date of current license: \_\_\_\_\_

Years of wastewater experience: \_\_\_\_\_

Hours of wastewater training: \_\_\_\_\_

The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

Please submit this completed application along with a check or money order in the amount of \$40.00 to:

ADEQ/Wastewater Licensing  
5301 Northshore Drive  
North Little Rock, AR 72118  
Phone: 501-682-0823 or 501 682-0998  
Fax: 501-682-0910