

**INTER TRIBAL COUNCIL OF ARIZONA, Inc.**  
**Tribal Water/Wastewater Operator Certification Program**  
**RECIPROCITY CERTIFICATION**

Name: \_\_\_\_\_    -    -        
 (Last) (First) (Social Security Number)

Work Title: \_\_\_\_\_

Address: \_\_\_\_\_  
 (P.O. Box/Street) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

<b>Complete All That Apply</b>		<b>STATE FROM WHERE RECIPROCITY ISSUED:</b>			
Water Treatment Certificate #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water Distribution Certificate #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Certification Level: 1 2 3 4		Certification Level: 1 2 3 4			
Issue Date: _____	(Month/Day/Year)	Issue Date: _____	(Month/Day/Year)		
Wastewater Treatment Certificate #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wastewater Collection Certificate #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Certification Level: 1 2 3 4		Certification Level: 1 2 3 4			
Issue Date: _____	(Month/Day/Year)	Issue Date: _____	(Month/Day/Year)		
Water or Wastewater Laboratory Analyst Certification Level: 1 2 3 4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Issue Date: _____	(Month/Day/Year)				

**Water/Wastewater System:**

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

Community Served: \_\_\_\_\_

Have there been changes made to the water system /facility in the last three years? Yes  No

If you answered yes please describe the changes (Use back of Form if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All information reported above is true and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts may call for the revocation of the water/wastewater certificate.

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