



# STATE OF KANSAS

## REQUEST FOR RECIPROCIITY

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Request reciprocity as (check one or both): water operator ~ and/or wastewater operator ~

The state where present certificate(s) issued \_\_\_\_\_

Water Certificate: \_\_\_\_\_ Wastewater Certificate: \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**A. Eligibility Requirements for your current certificate**

1. EDUCATIONAL BACKGROUND

	Institution, City & State	Graduation Year	Diploma, Degrees, Credit Hours or Certificate Attained
High School/GED			
College or University			

2. Were you required to take a written examination?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_
3. Was your current certificate obtained by reciprocity? \_\_\_\_\_ What state \_\_\_\_\_
4. Was it necessary for you to have on the job operator experience prior to taking the examination?  
 Yes \_\_\_\_\_ Number of years required \_\_\_\_\_  
 No \_\_\_\_\_
5. Were you required to receive training before being eligible to take the examination?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_

If your answer to question #5 was yes, please note those requirements below:

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6. Does the state where present certificate was issued require continuing education (training) before you can renew this certificate?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, training hours required \_\_\_\_\_ Hours/CEU's (**circle one**)

7. Please list all other eligibility requirements.

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***B. Please attach a resume describing your water and/or wastewater training and experience, a copy of your present certificate(s), and the name, address and telephone number of contact persons at your previous employers.***

**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATIONS AND THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN PROVIDING FALSE INFORMATION, THIS APPLICATION WILL BE REJECTED AND WILL LEAD TO NOT BEING ISSUED A KANSAS CERTIFICATE.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

SEND COMPLETED FORM TO:

Vickie Wessel  
KDHE - Bureau of Water - Technical Services Section  
1000 SW Jackson St., Suite 420  
Topeka, KS 66612-1367