



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

**Application for Reimbursement  
TEST OR EXAM FEES ONLY  
General Instructions**

**Eligibility**

You may be reimbursed for examination expenses you incurred **between January 1, 2005, and June 30, 2008**, if:

- You work at a small water system (a community or nontransient noncommunity public water system serving 3,300 or fewer persons); **AND**
- You have taken an examination for certification, regardless of whether you passed or failed the examination.

Small water system owners, who are not operators, are not eligible for reimbursement.

**NOTICE**

You may also be eligible for expenses incurred for training to prepare for the examination or for continuing education to maintain your existing certification. Please see form 3800-FM-WSFR0051, Application for Reimbursement, Training Costs.

**Reimbursement Rates**

- Operators will be reimbursed for the actual fees charged by an Approved Examination Provider plus DEP's fees for delivering the examination (\$20 per examination session).

**Reimbursement Limits**

- Payments within a calendar year can not exceed \$500. This includes any costs reimbursed for training, continuing education and examination fees.
- There is no lifetime limit to the amount any operator can obtain for reimbursement for examination fees or continuing education.

**Specific Instructions for Completing the Application**

**Part I - REQUIRED**

Please provide all requested information. Provide your DEP Client ID, if you have one. As a certified operator you will find it printed in blue, on your pocket card. If you are an uncertified operator who does not have a DEP Client ID, please provide your Social Security Number (SSN). **The DEP Client ID or SSN is required to process your payment.** Be sure to answer all four questions and sign the application.

**Part II - REQUIRED**

Please indicate the location, date and all examination sessions you were billed for by the Department of Environmental Protection. Also indicate who sponsored the examination. If the Department of Environmental Protection and the State Board of Certification of Water and Wastewater Systems Operators sponsored the session, enter "State Sponsored". If an Approved Examination Provider sponsored the session, provide the name and indicate any fees you were charged by them.

**Part III - REQUIRED**

Have your system owner or owner's representative complete Part III.

**Where to Submit**

Send the completed application to the address below. Keep a copy for your records. Please allow at least 8 weeks for processing.

PA Department of Environmental Protection  
Bureau of Water Standards and Facility Regulation  
Rachel Carson State Office Building, 11th Floor  
P.O. Box 8467  
Harrisburg, PA 17105-8467

For more information about the reimbursement program, visit DEP's Web site at [www.depweb.state.pa.us](http://www.depweb.state.pa.us), Keyword: "Operators" or call 717-705-4090.



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**Application for Reimbursement**

**TEST OR EXAM FEES ONLY**

Please type or print clearly

**Part I: Operator (Requestor) - REQUIRED**

DEP Client ID or SSN		
Last Name	First Name	Middle Initial
Address Line 1		Address Line 2
City	State	Zip
Daytime Telephone	E-mail	
1. Do you work at a small water system (serves 3,300 or less)? <span style="float: right;">(If you answer "No" to Question 1, you are not eligible for reimbursement under this grant.)</span> <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you hold a PA DEP Water System Operator's certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please record your level of certification (e.g., WD3) _____ I understand that any false statements made by me in this document are subject to and punishable under the unsworn Falsification to Authorities Act (18 PA. C.S.A. 4904)		
Operator's Signature		Date

**Part II: Examination Completion Verification - REQUIRED**

Examination Location:	Date of Session(s):	Exam Sponsor	Member Y/N	Sponsor Fee	DEP Fee	Total
_____	_____	_____	_____	_____	\$20	_____
_____	_____	_____	_____	_____	\$20	_____
_____	_____	_____	_____	_____	\$20	_____
_____	_____	_____	_____	_____	\$20	_____

**Part III: System Owner Verification - REQUIRED**

PWSID	System Name	
I certify that the requestor works at the referenced facility. I understand that any false statements made by me in this document are subject to and punishable under the Unsworn Falsification to Authorities Act (18 Pa. C.S.A. 4904)		
Owner or Owner's Representative Name and Title (Printed)	Owner or Owner's Representative (Signature)	Date

**DEP Use Only**

Date Received	Application ID _____	Invoice ID OCERG- _____
	Data Entry Complete ____ / ____ / ____	Submitted for payment ____ / ____ / ____
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Total Amount _____