



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

**Application for Reimbursement
TRAINING AND CONTINUING EDUCATION ONLY
General Instructions**

Eligibility

You may be reimbursed for training expenses you incurred **between January 1, 2003, 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 DEP-approved training to prepare for the PA DEP water system operator certification exam; **OR**
- you have taken DEP-approved training to meet the continuing education requirement for renewal of your operator certificate.

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

Reimbursement Rates

- Operators paid wages for their services may be reimbursed \$30 per contact hour.
- Operators not paid wages for their services may be reimbursed \$50 per contact hour.

Reimbursement Limits

- Payments within a calendar year will not exceed an amount equivalent to \$500.00. This includes any costs reimbursed for training, continuing education, examination or certification fees.
- Operators will be reimbursed once per course.
 - An operator that is not reimbursed for the total number of contact hours for a specific course will not be reimbursed for the remaining contact hours under subsequent applications.

Specific Instructions for Completing the Application

Please only include **one course per application**. Applications with multiple course completion certificates attached will be returned.

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 complete the Course Title, Date Completed, Contact Hours and Training Sponsor. Please attach a **COPY** of your course certificate (not your original). If you cannot provide a copy of your course certificate, have the course sponsor certify that you successfully completed the course by completing the certification section of Part II.

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, please visit DEP's Web site at www.depweb.state.pa.us, Keyword: "Operators" or call 717-705-4090.



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Application for Reimbursement
TRAINING AND CONTINUING EDUCATION 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)? Yes No (If you answer "No" to Question 1, you are not eligible for reimbursement under this grant.)
2. Are you paid wages to work at the small water system? Yes No
3. Do you hold a PA DEP Water System Operator's certificate? Yes No
If "Yes," please record your level of certification (e.g., WD3) _____
4. Did you take the training (please check one)
 to prepare for an operator certification exam? **OR** to meet continuing education requirements?

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: Course Completion Verification - REQUIRED

Course Title

Date Completed

Training Sponsor

Contact Hours

Attach a copy of your course completion certificate **OR** have the training sponsor certify that you have successfully completed this course.

Training Provider Certification:

I certify that the requestor successfully completed the above referenced course.

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)

Instructor Name (Printed)

Instructor Signature

Date

Part III: System Owner Verification - REQUIRED

PWSID

System Name

I certify that the requestor works at the referenced facility. The requestor (please check one)

does receive wages **OR** **does not** receive wages to work at the system.

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 ____ / ____ / ____

 Approved Denied

Reimbursement Rate _____

Total Amount _____