



South Carolina Department of Labor, Licensing and Regulation
South Carolina Environmental Certification Board

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11409 • Columbia • SC 29211-1409

Phone: 803-896-4430 • Contact.Environmental@llr.sc.gov • Fax: 803-896-9651

llr.sc.gov/env

EXPERIENCE VERIFICATION INSTRUCTIONS

Procedure for Verification of Actual Operating Experience

Form Instructions

1. In order to document the one (1) year of actual operating experience required for each level of promotion, the DHEC appointed Operator of Record for the referenced facility must complete, sign and submit this form to the Board. Operators are encouraged to submit the forms electronically to Johnnie.Rose@llr.sc.gov. Incomplete forms will be returned unprocessed.
2. The required experience verification form **MUST** contain the following information:
 - A. Operator's Name
 - B. License Area (Water Treatment, Biological or Physical/Chemical Wastewater, Water Distribution)
 - C. Current License Number and Level
 - D. Name and address of facility where operating experience was gained – include SC DHEC system or permit number associated with referenced facility
 - E. Name and title of immediate supervisor of applicant
 - F. Description of type of work performed at referenced facility
 - G. Requested license level for referenced facility
 - H. Average hours worked per week at referenced facility
 - I. Total time worked at referenced facility – both full time and part time- to be considered for this level of certification
 - J. Dates of employment at above-referenced facility that is to be considered for **the one year's experience** for the requested level of licensure.
 - K. List the name and license number of the facility operator of record certifying that actual operating experience has been obtained. If you are the "Operator of Record" you will need to note this on the form and list the name of your supervisor.

Work Experience Calculation

1. Actual operating experience begins on the day the application is accepted by LLR. In instances where the applicant has been employed by the facility and has been working in the selected area of the permit sought, up to ninety (90) days of work experience credit may be applied.
2. *Work Experience Substitutions*: Both degree and non-degree related education credits may be considered by the Board towards the A, B, and C levels of licensure; once you have obtained your D level license. The Board will only consider credit for math and science courses. 30 hours of Board approved educational credits = one year of work experience. Military experience, Board approved Operator Certification programs, and Board approved Apprenticeship programs may also be considered towards work experience credit. Official transcripts and/or course completion documentation must be submitted to the Board for review. **All applicants must complete one year of actual operating experience and pass the appropriate examinations before educational experience will be considered.**



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EXPERIENCE VERIFICATION

Name of Licensee: _____
First Middle Last

Name of Facility: _____

Business Mailing Address: _____

City State Zip Code

Facility Permit # (if applicable): _____

Immediate Supervisor of Applicant: _____ Title of Immediate Supervisor: _____

License Number: _____
License Type (check one):
[] Biological Wastewater
[] Physical/Chemical Wastewater
[] Water Distribution
[] Water Treatment

Describe type of work experience in the following: (Attach additional sheets if needed to adequately describe the categories.)

- a. Treatment process, monitoring, evaluating and adjusting: _____
b. Operation of process equipment and instrumentation: _____
c. Maintenance of process equipment and instrumentation: _____
d. Collection of samples and interpretation of analysis: _____
e. Plant process control laboratory analysis: _____
f. Plant security, safety and administrative procedures: _____
g. Other: _____

Requested License Level: _____

Employment Dates: From: _____ To: _____

THE UNDERSIGNED, IN MAKING THIS VERIFICATION TO THE SOUTH CAROLINA BOARD OF ENVIRONMENTAL CERTIFICATION, SWEARS (OR AFFIRMS) THAT THE ANSWERS AND INFORMATION CONTAINED HEREIN ARE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND BELIEF.

Signature of Operator on Record: _____

Name of Operator on Record: _____ Operator on Record License #: _____

DO NOT WRITE BELOW – BOARD USE ONLY
APPLICATION DATE: _____
'E': _____
'D': _____
'C': _____
'B': _____
'A': _____