

**EMPLOYMENT VERIFICATION LETTER**

Date:

Rebecca Mason, Grants Assistant  
rebecca\_mason@dnr.state.ga.us  
GA EPD Drinking Water Program  
Operator Certification Reimbursement Program  
2 Martin Luther King, Jr. Drive, SE  
Suite 1362-E  
Atlanta, Georgia 30334-9000

Re: Experience Verification Letter verifying "salaried" position.

Applicant's Name: \_\_\_\_\_

License #: \_\_\_\_\_

Current Class:           IV           III

The person named above has worked as a salaried/paid Class IV or Class III CWS or NTNCWS system operator, or operator-in-training for a system serving 3,300 persons or less, for the times and dates listed below.

Date Started:

Months/Years experience:

Hours worked per wk:

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above information is true and in accordance with the GA EPD Operator Certification Reimbursement Program."

**Supervisor's Signature:**

Date:

**Print Name (Supervisor):**

Title:

Facility Name :

WSID #:

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_

**Acceptable Signatures are those from Supervisors or System Directors/Owners ONLY**