



# Water Treatment Specialist (WTS) Licensing Program Application Supplement

MC 178, PO Box 13088, Austin, TX 78711-3088  
Phone: (512) 239-6133 Fax: (512) 239-6272 Website: [www.tceq.texas.gov/licensing](http://www.tceq.texas.gov/licensing)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_\_

Class Level:       WTS Class I                       WTS Class II                       WTS Class III

*List each time your job duties/title has changed (even if it's with the same employer) as a separate employer. Additional pages may be necessary.*

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Your dates of duties marked below (MM/DD/YYYY): From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Complete the required license information and check **ALL** job duties performed under your current employer.

Licensed WTS?     Yes     No    License # \_\_\_\_\_ Issued Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Licensed Plumber?     Yes     No    License # \_\_\_\_\_ Issued Date \_\_\_\_\_ Exp Date \_\_\_\_\_

**If you do not have a WTS or Plumbing License, please provide the following:**

**Supervising WTS' or Plumber's License information:**

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

License Type/Class \_\_\_\_\_

Original Issue Date (Plumbing License only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- Interpret water sample analyses/prescribe water treatment & conditioning options
- Exchange/regenerate portable tanks
- Regenerate non-portable water tanks
- Install/repair/maintain water filtration appliances/equipment
- Install/repair/maintain water treatment equipment to improve color/taste/odor aesthetics
- Install/repair/maintain water conditioning equipment to remove minerals & hardness
- Install/repair/maintain water treatment equipment to remove chemical pollutants
- Install/repair/maintain water treatment equipment to remove organic/viral/bacterial contaminants
- Connect water treatment appliances to all necessary utility connections
- Install/repair/maintain deionization (ion exchange) appliances/equipment
- Install/repair/maintain reverse osmosis (RO) appliances/equipment

**Other job duties** (Please describe other experience related to potable water treatment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Continue on other side.**

Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Your dates of duties marked below (MM/DD/YYYY): From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Complete the required license information and check **ALL** job duties performed under your previous employer.

Licensed WTS?  Yes  No License # \_\_\_\_\_ Issued Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Licensed Plumber?  Yes  No License # \_\_\_\_\_ Issued Date \_\_\_\_\_ Exp Date \_\_\_\_\_

If you did not have a WTS or Plumbing License, please provide the following:

Supervising WTS or Plumber License information:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

License Type/Class \_\_\_\_\_

Original Issue Date (Plumbing License only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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- Install/repair/maintain reverse osmosis (RO) appliances/equipment

Other job duties (Please describe other experience related to potable water treatment): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach additional pages if necessary to accurately reflect all your experience.*

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code §30.33 or revocation of my license pursuant to Tex. Water Code §7.303.

*Entering your name in the Signature box constitutes an electronic signature and is legally equivalent to your written signature.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR TCEQ USE ONLY**

<b>Training:</b>		<b>Experience:</b>		
Total hours _____		WTS _____	<input type="checkbox"/> HS/GED	<input type="checkbox"/> BS
		Related _____		<input type="checkbox"/> MS
Basic	Advanced		Fee Paid <input type="checkbox"/>	
			Military <input type="checkbox"/>	

**Please do not write in this area**