

**Mississippi State Department of Health
Bureau of Public Water Supply
Waterworks Operator Supervisor's Reference Form**

Complete the form by **typing or printing** legibly in black or blue ink. **Form will not be review if not complete.**

Applicant's Information				
First Name	M. I.	Last Name		
Mailing Address	City	State	Zip Code	
Supervisor's Information				
This section is to be completed by the Mississippi State Department of Health's <u>Certified</u> Waterworks Operator who personally supervised the applicant's job performance.				
First Name	Last Name		License No.	Expiration Date
Mailing Address	City		State	Zip Code
Business Telephone ()	Home Telephone ()		Cell Telephone ()	
Supervisor's Certification Statement				
<p>I hereby certify that I personally supervised the work performed by the above applicant while working as a waterworks operator at least 12 months from ____/____/____ to ____/____/____. I recommend that the applicant be issued a waterworks operator certification.</p> <p>I further certify that the work completed by this individual consisted of job responsibilities identified in the Mississippi State Department of Health's <i>"Public Water System Operations Manual"</i> and is accurately documented in the official logbook(s) of the public water system(s). This work was performed by the applicant while working under the direct supervision at the following public water system:</p>				
Name of Public Water System			PWS ID Number	
Signature			Date	