

< SAMPLE >

**SYSTEM DIRECTOR REFERENCE 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: System Director Reference Letter verifying “unsalaried” position.

Applicant’s Name: \_\_\_\_\_

License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_ WSID #: \_\_\_\_\_

The person named above serves as an **unsalaried/unpaid** Class IV or Class III CWS or NTNCWS system operator or operator trainee, for a system serving 3,300 persons or less.

“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.”

**Signature of System Director:**

Date:

**Print Name (Director):**

Title:

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

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