

SEND APPLICATION WITH FEE TO:

DEQ, BUSINESS OFFICE

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5161
Oregon Toll-free 1-800-452-4011
FAX (503) 229-6957



State of Oregon
Department of
Environmental
Quality

Application
For
Wastewater System
Operator Certification

DEQ USE ONLY:

L2k Receipt No:
Application No:
Amount received:
Date received:
Check No:

NOTES:

APPLICANT INFORMATION - Please print legibly

Name: (Last) (First) (Middle)

Mailing Address: Social Security No.:

(Note: Unless already on record with DEQ, SSN required per ORS 215.785, 305.385, 42 USC §405(c)(2)(i), and 42 USC § 666(a)(13))

(City) (State) (Zip Code)

Employer: Phone (work):

email: Phone (home):
(Required for open schedule testing)

Are you now, or have you ever been, certified in Oregon for wastewater system operation? Yes No

If you marked "Yes", is this a change of mailing address and/or contact information? Yes No

Are you requesting reciprocity from another state, province or certifying authority? Yes No

Have you ever had a wastewater system operator certificate or license revoked or suspended? Yes No

Do you require disability accommodation in testing? Yes No (If "Yes", submit a completed accommodation form)

Certificate Type and Grade - Submit one application for each of the following certificate options:

(Select one option below and mark as appropriate for this application)

Wastewater Collection and Wastewater Treatment - Grade I only: WWC Provisional? Yes No
WWT Provisional? Yes No

Wastewater Collection (WWC): Provisional Grade I Grade I Grade II Grade III Grade IV

Wastewater Treatment (WWT): Provisional Grade I Grade I Grade II Grade III Grade IV

Certification Fees: (Circle/mark the appropriate fee below and include payment with application payable to "Oregon DEQ")

WWC and WWT WWC or WWT Receipt request for reimbursement
Grade I only Grade I Grade II Grade III Grade IV
\$150.00 \$100.00 \$120.00 \$140.00 \$160.00

Open Schedule (Computer Based Exam, CBE) Fee - \$100 (for testing on other than DEQ scheduled dates only)

Note: This fee is payable in addition to the certification fees shown above. Open-schedule exams are computer-based and once DEQ determines eligibility, the applicant (candidate) will schedule online to test at one of the DEQ's contract testing centers in Oregon and nationwide.

Exam Location and Date (Mark as appropriate the date and location preference; DEQ-scheduled or open-schedule):

Date: Friday, March 30, 2012 Open Schedule (CBE) Other

Location: Albany Bend Medford Oregon City Roseburg Ontario Other

If you are approved for DEQ-scheduled testing, DEQ will send you a letter giving date, location and time three weeks prior to the test date. Open-scheduled test candidates only will be notified by email of eligibility to schedule online in about 30 days from application receipt.

## EDUCATION & TRAINING RECORD

**NOTE: You must attach sufficient proof of education and training (if not on file with DEQ) to show that you have met or exceeded the minimum qualification. Copies of a diploma or degree are acceptable, as are transcripts, certificates and letters of completion.**

**High School or GED:** Did you graduate from high school?  Yes  No      GED certificate?  Yes  No

(School) \_\_\_\_\_ (Location) \_\_\_\_\_ (Completion or Graduation Date) \_\_\_\_\_  
*If you answered "No" to both questions above, contact the certification program before submitting this application.*

**Trade School, Community College, College or University:** Circle years completed:    1       2       3       4

<u>Name of School</u>	<u>Location</u>	<u>Major</u>	<u>Credits Semester / Quarter</u>	<u>Certificate or Degree / Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Continuing Education: (Attach additional sheets if necessary)**

<u>Subject</u>	<u>Location</u>	<u>Sponsor</u>	<u>Dates Mo / Yr</u>	<u>CEUs or Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credits; Semester hours: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_ CEUs: \_\_\_\_\_ Training Hours: \_\_\_\_\_

**Note: If you are applying for a Grade I and claiming six months operating experience credit for an Associate of Applied Science degree in water or wastewater technology, or equivalent, attach a copy of your degree or transcripts.**

## RECIPROCITY APPLICANTS

**NOTE: Reciprocity applicants must hold a valid certificate in another state or province in good standing and attach a copy of that certificate to this application.**

State/Province: \_\_\_\_\_ Certifying Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Certificate Type & Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate No: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Exam Location: \_\_\_\_\_ Other: \_\_\_\_\_

## WORK EXPERIENCE HISTORY

**NOTE: DO NOT LEAVE THIS SECTION BLANK. To be completed by all applicants, even if you have submitted an application before.** Describe your wastewater operational duties and responsibilities for all work assignments and employers. Show any related work experience separately. Up to 50 percent time credit may be allowed for related work experience – See OAR 340-049-030(4)(c).

<p><b><u>MOST RECENT EXPERIENCE</u></b></p> <p><b>From:</b>          _____          Month    Year  <b>To:</b>          _____          Month    Year</p> <p>If part-time or less than 1 year:          Total Hours: _____</p>	<p>Job Title: _____ Avg. Hours per week: _____</p> <p><i>Percent of time worked: (WW Collection: _____ % WW Treatment: _____ % Water: _____ % Other: _____ %)</i></p> <p>Duties/Responsibilities: _____          _____          _____</p> <p>Employer &amp; Location: _____</p> <p>Mailing Address: _____</p> <p>System Type: _____ Design (MGD or population served): _____</p> <p>System Supervisor: _____ Telephone: (    ) _____</p>
<p><b><u>PREVIOUS EXPERIENCE</u></b></p> <p><b>From:</b>          _____          Month    Year  <b>To:</b>          _____          Month    Year</p> <p>If part-time or less than 1 year:          Total Hours: _____</p>	<p>Job Title: _____ Avg. Hours per week: _____</p> <p><i>Percent of time worked: (WW Collection: _____ % WW Treatment: _____ % Water: _____ % Other: _____ %)</i></p> <p>Duties/Responsibilities: _____          _____          _____</p> <p>Employer &amp; Location: _____</p> <p>Mailing Address: _____</p> <p>System Type: _____ Design (MGD or population served): _____</p> <p>System Supervisor: _____ Telephone: (    ) _____</p>
<p><b><u>PREVIOUS EXPERIENCE</u></b></p> <p><b>From:</b>          _____          Month    Year  <b>To:</b>          _____          Month    Year</p> <p>If part-time or less than 1 year:          Total Hours: _____</p>	<p>Job Title: _____ Avg. Hours per week: _____</p> <p><i>Percent of time worked: (WW Collection: _____ % WW Treatment: _____ % Water: _____ % Other: _____ %)</i></p> <p>Duties/Responsibilities: _____          _____          _____</p> <p>Employer &amp; Location: _____</p> <p>Mailing Address: _____</p> <p>System Type: _____ Design (MGD or population served): _____</p> <p>System Supervisor: _____ Telephone: (    ) _____</p>

**Copy and attach this page for additional experience listings.**

## REFERENCES

**NOTE: List the names and addresses of two persons other than employers who are familiar with your work, and to whom the Department may address inquiries.**

Name	Mailing Address (street number or P.O. Box, City, State and Zip Code)

**AFFIDAVIT OF CURRENT OR MOST RECENT OPERATOR WORK EXPERIENCE**

(Affidavit must be completed if the experience is used to qualify for this certificate application)

**NOTE TO PERSONS SIGNING THIS AFFIDAVIT: DO NOT LEAVE ANY PART OF THIS AFFIDAVIT BLANK.** This information is used by DEQ to verify qualifying work experience as a wastewater treatment and/or collection system operator. Information provided must represent the actual "day-to-day" or periodically assigned work experience the applicant has in the operation of the wastewater system, paid or unpaid.

**TO: State of Oregon  
Department of Environmental Quality (DEQ)  
Operator Certification Program**

This affidavit certifies that \_\_\_\_\_ is / was gaining  
Applicant Name (Please Print) (Circle one)

work experience as \_\_\_\_\_  
Position Title (Operator, Operator Assistant, Intern, Trainee, etc.)

in Collection / Wastewater Treatment / Both for \_\_\_\_\_  
(Circle one) Wastewater System Owner (City, Service District, Company, etc.)

This individual has worked \_\_\_\_\_ months in this position at this facility.

The work schedule for this position is \_\_\_\_\_ hours per week and \_\_\_\_\_ weeks per year.

Assigned tasks in performance of operational duties of the wastewater collection system is **full-time / part-time / N/A.**  
(Circle one)

Assigned tasks in performance of operational duties of the wastewater treatment system is **full-time / part-time / N/A.**  
(Circle one)

Statement of Operational Tasks and Duties (attach position description showing wastewater tasks and duties if available):

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

I CERTIFY THAT I AM THE DEQ DESIGNATED WASTEWATER COLLECTION OR TREATMENT SYSTEM SUPERVISOR, OR AUTHORIZED REPRESENTATIVE OF THE SYSTEM OWNER, AND THAT THIS AFFIDAVIT AND ANY ATTACHMENT ACCURATELY REPRESENTS THE WORK EXPERIENCE OF THE ABOVE NAMED APPLICANT.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name) (Title)

\_\_\_\_\_  
(Address) (Phone)

**↓ APPLICANT SIGNATURE REQUIRED BELOW ↓**

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING ANY ATTACHMENT(S), IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT OMISSIONS MAY DISQUALIFY ME AND THAT KNOWINGLY MAKING A FALSE STATEMENT MAY RESULT IN REFUSAL TO ISSUE A CERTIFICATE OR REVOCATION OF ANY CERTIFICATION GRANTED AS WELL AS PROSECUTION UNDER ORS 448.992(2), WHICH PROVIDES FOR CRIMINAL PENALTIES OF A FINE, IMPRISONMENT OR BOTH. I ALSO CONSENT TO AN INVESTIGATION OF MY EMPLOYMENT AND EDUCATION RECORD AND OTHER STATEMENTS FOR THE PURPOSE OF VERIFICATION OF MY QUALIFICATION FOR CERTIFICATION.

\_\_\_\_\_  
(Signature of Applicant) (Date)

**GRADE I PROVISIONAL WASTEWATER SYSTEM OPERATOR CERTIFICATION  
AFFIDAVIT OF TRAINING AND SUPERVISION**

**NOTE: THIS AFFIDAVIT IS REQUIRED TO BE SUBMITTED TO DEQ ONLY WHEN APPLYING FOR GRADE I PROVISIONAL CERTIFICATION (see requirements contained in OAR 340-049-030(1)(a) and/or (2)(a)).**

**TO: State of Oregon, Department of Environmental Quality  
Operator Certification Program, Water Quality Division  
811 SW Sixth Avenue, Portland, OR 97204**

**Applicant Name:** \_\_\_\_\_ **Experience Start Date:** \_\_\_\_\_  
(Last) (First) (Middle)

**Wastewater System:** \_\_\_\_\_ **( )** \_\_\_\_\_  
(System Name) (Telephone)

\_\_\_\_\_  
(Street Address or PO Box) (City) (State) (ZIP Code)

**System Type: (Mark one)**     Collection     Treatment     Both

**DEQ Approved Training Program:**                      Courses Completed                      Completion Date

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

Courses Enrolled In                      Start Date

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

**Training Supervisor\*:** \_\_\_\_\_ **( )** \_\_\_\_\_  
(Name) (Telephone)

Collection   
Treatment   
Both     \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (ZIP Code)

Training Supervisor:    WW Collection Grade: \_\_\_\_\_    Certificate No.: \_\_\_\_\_    Expires: \_\_\_\_\_  
   WW Treatment Grade: \_\_\_\_\_    Certificate No.: \_\_\_\_\_    Expires: \_\_\_\_\_

**\*NOTE: The training supervisor is not required to be employed or under contract to provide wastewater system supervision. A formal agreement is recommended; one that provides the provisionally certified operator adequate guidance and on-the-job training as necessary to insure proper operation of the system. The training supervisor must be appropriately certified (for example, certified in collection system operation to supervise a collection system operator trainee).**

I (WE) CERTIFY THAT THIS AFFIDAVIT ACCURATELY REFLECTS THE TRAINING AND SUPERVISION FOR THE APPLICANT NAMED ABOVE.

\_\_\_\_\_  
Name of System Owner or Authorized Agent (Please print) (Title)

\_\_\_\_\_  
Signature of Owner or Agent (required) (Date)

\_\_\_\_\_  
Signature of Training Supervisor (required) (Date)

## FILE A COMPLETE APPLICATION

### APPLICATION CHECK LIST

1. A complete application includes:

- Applicant Signature and date;
- Appropriate application fee(s);
- Detailed work experience information;
- Information and documentation of education and training;
- Affidavit of Work Experience; and
- If seeking Grade I Provisional certification, a completed Affidavit of Supervision and Training; or
- If seeking reciprocity, a copy of current operator certificate(s).
- Make checks payable to “**Oregon DEQ**”.
- Keep a copy of this application for your records.

2. Applications for certification that require a DEQ-scheduled testing must be postmarked by no later than the first day of the month preceding the month of the scheduled test. *Open-schedule testing candidates only need to submit their complete application 30 days prior to the desired test date and will be notified by email of eligibility to schedule online for testing at one of the DEQ contract testing centers.*

Note: DEQ may return, or suspend until complete, any late or incomplete application. Application fees are non-refundable.