

RETURN APPLICATION TO:

DEQ
WATER QUALITY DIVISION
OPERATOR CERTIFICATION
PROGRAM

811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 298-7255 x35 • 1-800-452-4011



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.: _____

(City) (State) (Zip Code)

Employer: _____ Phone (work): () _____

E-mail: _____ Phone (home): () _____

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 Fee: (Circle appropriate fee below and include payment with application payable to "Oregon DEQ")

WWC and WWT
Grade I only
\$150.00

WWC or WWT
Grade I
\$100.00

Grade II
\$120.00

Grade III
\$140.00

Grade IV
\$160.00

Receipt request for Reimbursement

Open schedule exam fee - \$100 (Contact DEQ to arrange date and location)

Note: Open Schedule Fee payable in addition to Certification Fee(s) for testing on other than DEQ scheduled dates.

Testing Location and Date (Mark as appropriate the date and location preference as scheduled by DEQ):

Date: March 27, 2009 April 2, 2009 (Pendleton only) September 24, 2009 Other _____

Location: Albany Bend Medford Oregon City Pendleton Roseburg Other _____

You will be notified as to the status of your application about thirty (30) days following DEQ receipt. If you are approved for testing, DEQ will send you a letter giving date, location and time three weeks prior to the test date.

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 claiming six months operating experience time 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).

<u>MOST RECENT EXPERIENCE</u>	Job Title: _____ Avg. Hours per week: _____ <i>Percent of time worked: (WW Collection: _____ % WW Treatment: _____ % Water: _____ % Other: _____ %)</i> Duties/Responsibilities: _____ _____ Employer & Location: _____ Mailing Address: _____ System Type: _____ Design (MGD or population served): _____ System Supervisor: _____ Telephone: () _____
<u>PREVIOUS EXPERIENCE</u>	Job Title: _____ Avg. Hours per week: _____ <i>Percent of time worked: (WW Collection: _____ % WW Treatment: _____ % Water: _____ % Other: _____ %)</i> Duties/Responsibilities: _____ _____ Employer & Location: _____ Mailing Address: _____ System Type: _____ Design (MGD or population served): _____ System Supervisor: _____ Telephone: () _____
<u>PREVIOUS EXPERIENCE</u>	Job Title: _____ Avg. Hours per week: _____ <i>Percent of time worked: (WW Collection: _____ % WW Treatment: _____ % Water: _____ % Other: _____ %)</i> Duties/Responsibilities: _____ _____ Employer & Location: _____ Mailing Address: _____ System Type: _____ Design (MGD or population served): _____ System Supervisor: _____ Telephone: () _____

Copy and attach this page for additional experience listings.

REFERENCES

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 DEQ scheduled testing must be postmarked by no later than the first day of the month preceding the month**

of the scheduled test. Late or incomplete applications cause delays in processing. DEQ may hold a late or incomplete application for the next testing date.