



**State Water Resources Control Board**

**APPLICATION FOR D3 – D5 DISTRIBUTION OPERATOR CERTIFICATION**

|                                 |              |          |                |
|---------------------------------|--------------|----------|----------------|
| OPERATOR NO.                    |              | COMMENTS | DATE RECEIVED: |
| APPROVED FOR:<br>D3    D4    D5 | APPROVED BY: |          |                |
| CERT DATED:                     | CERT SENT:   |          |                |

DO NOT WRITE ABOVE THIS LINE

PLEASE TYPE OR PRINT LEGIBLY IN BLUE INK.

**1. Personal Information**

|                                     |                         |    |                |                          |                      |
|-------------------------------------|-------------------------|----|----------------|--------------------------|----------------------|
| Last                                | First                   | MI | Suffix         | Date of Birth (mm/dd/yr) | Last 4-digits of SSN |
| MAILING ADDRESS (number and street) |                         |    | CITY           | STATE                    | ZIP CODE             |
| WORK TELEPHONE NO.<br>EXT.          | HOME/CELL TELEPHONE NO. |    | E-MAIL ADDRESS |                          |                      |

**2. Certification Information**

|   |                                |                                |                                |  |
|---|--------------------------------|--------------------------------|--------------------------------|--|
| This application is for:  | D3                             | D4                             | D5                             | Examination passed: month/year   |
| Evaluation/certificate fee of:<br><br><b>OR</b><br>Dual-certified fee (if currently certified in Water Treatment or Wastewater) | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$140 | Are you certified by the State of California as a water distribution operator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Operator # |
|   | <input type="checkbox"/> \$90  | <input type="checkbox"/> \$105 | <input type="checkbox"/> \$105 | Are you certified by the State of California as a water treatment operator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Operator #    |
|   |                                |                                |                                | Are you certified by the State of California as a wastewater operator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Operator #         |

**3. Education – IF used as substitution for operator experience (Certificate/Degree must be in a relevant major and verified with a photocopy of an OFFICIAL TRANSCRIPT - see (1) (a), (b), or (c) on back of page)**

|   |                          |              |   |
|---|--------------------------|--------------|---|
| CERTIFICATE/DEGREE HOLDER<br><input type="checkbox"/> Yes <input type="checkbox"/> No | CERTIFICATE/DEGREE MAJOR | DATE AWARDED | OFFICIAL TRANSCRIPT INCLUDED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--------------------------|--------------|---|

**4. Experience -- to avoid delays in evaluation of your application the following documents MUST BE submitted for each time frame of employment claimed for experience credit. Please see the back page for minimum qualifications.**

**Please initial (in space provided below) verifying requested attachments are included:**

\_\_\_\_\_ A letter written, signed, and dated by your supervisor (on company letterhead) verifying: (1) **timeframe of employment** (mo/yr to mo/yr), (2) a detailed description of the specific **distribution operator duties performed**, (3) **number of hours** a week spent performing operator duties (Distribution/Treatment/Wastewater), (4) **classification of the system** where duties were performed, (5) **IF applicable**, your **designation** as either a **shift or chief operator** (see sample letter attached)

**Attachments to this letter MUST INCLUDE:**

- \_\_\_\_\_ A **copy of the letter** (or permit) from your regulatory field office that **classifies your distribution system** (D1-D5)
- \_\_\_\_\_ A copy of the **utility organization chart** which notes the employees' **names and position titles**
- \_\_\_\_\_ A copy of the **utility's official job description** (for the position you hold/held) outlining duties performed

**5. Signature of applicant:** I, the undersigned, certify that all statements made on this application and accompanying attachments are true and correct; that I understand that any misrepresentations may result in revocation of any certificate granted, pursuant to Section 106877 & Section 106878 of the Health and Safety Code.

Original Signature (No Black Ink)

Date



## State Water Resources Control Board

### MINIMUM QUALIFICATIONS FOR CERTIFICATION FOR D3 TO D5

#### D3

- ★ Successful completion of the D3 exam within the past three years.
  - ★ 1 year of operator experience working as a certified D2 operator in a D2 system or higher **AND**
  - ★ 1 additional year of operator experience working as a distribution operator (may be substituted with (1) or (2) below)
- 

#### D4

- ★ Successful completion of the D4 exam within the past three years.
  - ★ 1 year of operator experience working as a certified D3 operator at a D3 system or higher **AND**
  - ★ 3 additional years of operator experience working as a distribution operator (may be substituted with (1) below)
- 

#### D5

- ★ Successful completion of the D5 exam within the past three years.
- ★ 2 years of operator experience working as a certified D4 operator at a D4 system or higher **AND**
- ★ 3 additional years of operator experience working as a distribution operator (may be substituted with (1) below)

#### Experience substitutions for certification:

- (1) a degree earned at an accredited academic institution may be substituted as follows:
  - (a) Associate Degree or Certificate in Water or Wastewater Technology or Distribution that includes at least 15 units of physical, chemical, or biological science may be used to fulfill **1 year of general operator experience**.
  - (b) Bachelor's Degree in engineering or in physical, chemical, or biological sciences may be used to fulfill **1.5 years of general operator experience**.
  - (c) Master's Degree in any of the majors listed in (b) may be used to fulfill **2 years of general operator experience**.
- (2) A certified operator may substitute, on a day-for-day basis, experience gained while working with lead responsibility for water quality or quantity related projects.

Mail **completed application and filing fee**, including **all requested attachments** to:

**State Water Resources Control Board  
Drinking Water Operator Certification Program  
P.O. Box 944212  
Sacramento, CA 94244-2120**

- (A) A check or money order made out to **SWRCB-DWOCP**.
- (B) If you are not sure of the requirements for a particular grade, contact this office for clarification before submitting your application as **FILING FEES ARE NON-REFUNDABLE**.