

## State Water Resources Control Board

### OPERATOR-IN-TRAINING APPLICATION FOR WASTEWATER TREATMENT PLANTS

USE THIS FORM ONLY FOR OPERATOR-IN-TRAINING (OIT) APPLICATIONS

**I. OIT CERTIFICATION GRADE AND FEES:**

Check the appropriate box to indicate which Grade Level you are applying for.

OIT I		OIT II		OIT III		OIT IV		OIT V	
<input type="checkbox"/>	\$125	<input type="checkbox"/>	\$170	<input type="checkbox"/>	\$225	<input type="checkbox"/>	\$255	<input type="checkbox"/>	\$255
<input type="checkbox"/>	Dual \$95	<input type="checkbox"/>	Dual \$125	<input type="checkbox"/>	Dual \$170	<input type="checkbox"/>	Dual \$190	<input type="checkbox"/>	Dual \$190

The Dual-OIT fee applies if you have a current and valid Drinking Water Treatment and/or Drinking Water Distribution Certificate issued by the California State Water Board.

Fees are non-refundable. If paid by electronic payment, write the Reference code # \_\_\_\_\_

**II. APPLICANT INFORMATION:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check box if your address has changed.

Telephone: Cell/Home: \_\_\_\_\_ Work: \_\_\_\_\_ Extension: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Check box to receive public notices from the Wastewater Operator Certification Program

OFFICE USE ONLY	
Total educational points: _____	Approved/ Denied for grade: _____
Examination date: _____	Certification issue date: _____
CPO's cert exp. date: _____	Certificate expiration date: _____
Signature of reviewer: _____ Date: _____	\$ _____ Check, Money Order, ACH/CC Payment

Check the box if you currently or have you ever been a certified California Drinking Water Operator?

### III. EDUCATION AND TRAINING:

You must meet the minimum educational requirements to qualify for certification as per §3687, in the Wastewater Regulations. Please see instructions for more information.

Did you graduate from High School or do you possess a GED or equivalent?  Yes  No  
If you answered yes and you haven't already done so, submit a copy of your high school diploma or GED.

Have you completed training coursework in math, wastewater, biology, chemistry, physics, or engineering?  Yes  No

If you answered yes and you haven't already done so, submit a copy of the certificate of completion that has your name, the instructors name and signature, the course name, the course providers name and the number of hours of instruction.

Have you completed college or university coursework in math, wastewater, biology, chemistry, physics, or engineering?  Yes  No

If you answered yes and you haven't already done so, submit a copy of your official college transcripts to verify your education.

### IV. PROPOSED WASTEWATER TREATMENT PLANT EXPERIENCE

You must complete all of Section IV and **provide a copy of your duty statement** on official employer letterhead or signed by the Chief Plant Operator (CPO). Attach additional sheets if you plan to work at more than one wastewater treatment plant. Please note that OIT's cannot work in operations until their OIT certificate has been issued.

From	To	Proposed Job Classification/position title:	
Average number of hrs/wk in operations:	Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):	
Mailing Address:		Name of owner:	
Street Address:			

Proposed Job Duties: (In Addition to Listing Job Duties, Attach a Duty Statement or Job Description)

### REQUIRED SIGNATURE OF CHIEF PLANT OPERATOR (CPO):

As the undersigned operator, I hereby certify that I am the Chief Plant Operator of the above-named current wastewater treatment plant, and that all facts and statements set for thin this section, are true and correct to the best of my knowledge and belief.

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Grade: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN IN **BLUE** INK.

V. APPLICANT'S PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:

(List each job separately. Attach additional sheets if necessary.)

From:	To	Job Classification/position title:	
Average number of hrs/wk in operations:	Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):	
Mailing Address:		Name of owner:	
Street Address:			
CPO's Name: _____ Grade: _____ Telephone: _____ Ext. _____			
Job Duties:			

VI. PRIOR ACTIONS

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

Yes  No

If YES, Explain:

VII. SIGNATURE OF APPLICANT:

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this Operator-in-Training (OIT) certification application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for OIT certification. I acknowledge that OIT Certification fees are non-refundable.

Print Name: \_\_\_\_\_ Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN IN **BLUE** INK.

# INSTRUCTIONS OPERATOR-IN-TRAINING APPLICATION

## I. CERTIFICATION GRADES AND FEES

Check the box of the grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to:

“State Water Resources Control Board.” WWOCP can accept electronic payments as Automated Clearing House (ACH) debit payments from checking/savings accounts or from credit cards to pay for application fees. Instructions are available on the [Waterboards payment website](#). (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

Dual-OIT fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate. In order to qualify for an OIT-II or higher, the applicant must have taken and passed that grade level of exam within the last four years.

## II. APPLICANT INFORMATION

Provide all of the requested information. Please notify the Wastewater Operator Certification Program (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your OIT certification application.

Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide the last four digits of your social security number. Failure to provide the requested information will result in denial of the OIT certification application. The last four digits of the social security number will be used by the State solely for the purpose of identifying the certificate holder. Applicants have the right to inspect records containing personal information maintained by the State Water Board.

## III. EDUCATION AND TRAINING

Unless previously provided to the WWOCP, you must attach documents verifying your education, including:

- Copy of high school graduation diploma or high school equivalent certificate
- Copies of official college transcripts, or certificates of completion for coursework to verify completion of education requirements.
- Copies of all wastewater treatment, math, engineering, biology, chemistry, physics, or management courses that you have completed. You will only be given credit for training courses that you have completed. You will not be given credit for courses that you are currently attending or are signed up to attend. The WWOCP must review and approve all courses.
- Applicants may **not** substitute experience for educational points.

Please refer to the [Training Directory](#) for additional information. Applicants may not substitute experience for educational points.

## IV. PROPOSED WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work or at which you will work after you receive your OIT certificate. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You MUST provide a copy of your duty statement on official letterhead or signed by the Chief Plant Operator (CPO).

Provide your CPO's phone number, grade level, and certificate number. Your application MUST include the CPO's ORIGINAL signature and date in blue ink.

#### V. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE

List all of your previous wastewater treatment plant experience. List each job separately. Attach additional sheets if necessary.

#### VI. PRIOR ACTIONS

Check the box whether a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you? If the answer is yes, you must provide an explanation. Attach additional sheets if necessary.

#### VII. SIGNATURE OF APPLICANT

The application submitted to the WWOCP MUST include your ORIGINAL signature and date in blue ink. Please make a copy of your complete application for your files. Mail the original completed application package to:

##### **Mailing Address**

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

##### **Overnight Mailing Address**

State Water Resources Control Board  
Wastewater Operator Certification  
1001 "I" Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Direct any questions concerning this application to: (916) 341-5819 or to the wastewater operator certification program's email:

[wwopcertprogram@waterboards.ca.gov](mailto:wwopcertprogram@waterboards.ca.gov).