Reciprocity

The Board can grant certification through reciprocity to operators who hold a valid water treatment or distribution certificate issued by another State. Reciprocity is offered for Grades 1 – 3 for both water treatment and distribution.

In order to receive certification through reciprocity you must submit the following items.

- The reciprocity application completely filled out and signed.
- The application fee payable to SWRCB-DWOCP, (fee is listed on the application)
- A copy of the water treatment or distribution certificate from another State
- Copies of certificates of completion for any water treatment or distribution courses you attended that are at least 36 contact hours long.

The Board will compare your education and experience to that required for certification as a water treatment or distribution operator in California to make a determination. If your education and experience is equitable to the California requirements you will receive certification. Be sure to fill out the application completely.

APPLICATION FOR RECIPROCITY

Operator Number:		Comments:	Date Received:
App. OK	Qualified for		
Experience	Education		

PLEASE DO NOT WRITE ABOVE THIS LINE

1. PERSONAL INFORMATION

Name (last, first, middle initial)			Date of Birth	Social Security Number	
Street Address			Work Telephone Number ( )		
City	State	Zip Code	Home Telephone Number ( )		
Have you ever been certified in the State of California, as a ***potable water treatment operator***? ☐ Yes ☐ No			Operator Number	Grade	Issue Date

2. CURRENT CERTIFICATION

In what state are you currently certified? _____

Certificate Number: _____ Expiration Date: _____

How many levels of certification are defined in the state you are certified? _____

At what level are you certified? _____

Were you required to pass a written exam in order to be certified? ☐ Yes ☐ No

Did you receive certification through reciprocity for this certificate? ☐ Yes ☐ No

In order to verify your current certification status, we must contact the certification officer in your state. Please provide his/her contact information.

Contact Name: _____ Phone: _____

Email Address: _____

3. CALIFORNIA CERTIFICATION REQUEST

What certification level are you applying for in California? (Please circle only one) The certification unit will compare your education and experience to the minimum qualifications required by California operators to determine if you qualify for that level. Review the enclosed minimum qualifications before submitting this application.

Water Treatment Operator (1) (2) (3) OR **Water Distribution Operator (1) (2) (3)**

4. CERTIFICATION FEES

Grade 1 = $70.00	Grade 2 = $80.00	Grade 3 = $120.00

Be sure the appropriate fee is attached to your application, in check or money order form, made out to SWRCB-DWOCP. **DO NOT SEND CASH**. This fee is non-refundable. Please review the minimum qualifications before submitting this application. Submitting an application and fee is no guarantee reciprocity will be granted.

4. EDUCATION

High School Graduate? ☐ Yes ☐ No ☐ GED	College Graduate? ☐ Yes ☐ No	Date of Graduation:
Date of High School Graduation or GED:	Major/Degree:	
Name and Location of High School	Name and Location of College:	

5. SPECIALIZED TRAINING

You must attach legible copies of transcripts or certificates of completion (noting number of hours completed) as proof of course work. Please include only courses with 36 contact hours or more.

Course title		Units/Hours	Date Completed
Instructor's name	College or School		
Course title		Units/Hours	Date Completed
Instructor's name	College or School		

6. EXPERIENCE – GRADE 3

Experience credit is given for **hands-on work** performed as a **certified drinking water treatment or distribution operator** in a potable treatment plant or drinking water distribution system. The water you treated must be distributed from the treatment plant to the public for consumption.

List current employment first. Give a detailed description of your operator experience. You must specify the average number of hours per week spent in the operation of potable water treatment equipment.

IF ADDITIONAL SPACE IS NEEDED TO LIST YOUR EXPERIENCE, PLEASE MAKE A COPY OF THIS PAGE, COMPLETE AND ATTACH TO YOUR APPLICATION.

From:	To:	Hours/week Hands-on WT or WD duties:	Position Title:	Plant description:
Job description:				Employer's name/address:
				Population served by treated water or MGD produced:

I certify that to the best of my knowledge, the information provided above by the applicant is true and correct.

Supervisor's signature	Operator number	Date
Printed name	Title	Telephone number

From:	To:	Hours/week Hands-on WT or WD duties:	Position title:	Plant description:
Job description:				Employer's name/address:
				Population served by treated water or MGD produced:

I certify that to the best of my knowledge, the information provided above by the applicant is true and correct.

Supervisor's Signature	Operator Number	Date
Printed name	Title	Telephone Number

7. SIGNATURE OF APPLICANT:

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentation may result in ineligibility for the certification applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

Original signature _____ Date _____

PRIVACY ACT DISCLOSURE

This information is required by the State Water Resources Control Board, Drinking Water Operator Certification Program. The authority for maintaining the requested information is the California Code of Regulations, Title 22. All information requested on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for certification. The information provided is used to evaluate the applicant's s eligibility for certification as a drinking water treatment operator or distribution operator. No transfers of this information are anticipated. For more information, or access to your records, contact the Drinking Water Operator Certification Program, P.O. Box 944212, Sacramento, CA 94244-2120. Telephone number is (916) 449-5611.

Please attach the fee in the form of check or money order made out to SWRCB-DWOCP along with a photocopy of your current certification and mail it to:

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

If you have any questions please call 916-319-9063 or email Jon.Strutzel@waterboards.ca.gov

Our website is http://www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.shtml