State of California
STATE WATER RESOURCES CONTROL BOARD
OFFICE OF OPERATOR CERTIFICATION
P.O. Box 944212
Sacramento, CA 94244-2120
Phone: (916) 341-5819
Internet Address: www.waterboards.ca.gov/cwphome/opcert

APPLICATION FOR WASTEWATER TREATMENT PLANT
Operator Examination and/or Certification

I. This is an application for: (Check appropriate box)

A. Examination

	Grade I	Fee $80.00
	Grade II	Fee $100.00
	Grade III	Fee $195.00
	Grade IV	Fee $250.00
	Grade V	Fee $250.00

B. Certification

	Grade I	Fee $95.00
	Grade II	Fee $130.00
	Grade III	Fee $170.00
	Grade IV	Fee $190.00
	Grade V	Fee $190.00

***C.* Reciprocity** *(Grades I or II only. Also include the certification fee, Section B.)*

	Reciprocal Fee $50.00

D. Operator-in-Training

	Also check appropriate Grade above

II. OPERATOR INFORMATION:

A. Name – Last: _____ First: _____ Middle: _____

B. Mailing Address – Street _____ City: _____

County: _____ State: _____ Zip: _____

C. Phone: - Work: (____) _____ Home: (_____) _____

D. Date of Birth: _____ Social Security Number: _____

E. Valid California Wastewater Treatment Plant Certification: Grade: _____ Number: _____

F. Valid Professional Engineers Registration: Branch: _____ Number: _____

III. EDUCATION AND TRAINING:

A. Circle the highest grade attended: 1 2 3 4 5 6 7 8 9 10 11 12

B. High School graduate: YES NO (Circle One) Date of Graduation: _____

School Name: _____ Location: _____

C. College graduate: YES NO (Circle One) Degree: _____ Date Earned: _____

Major: _____ Name and Location of College: _____

D. ****IMPORTANT**** Attach verification of your educational qualifications if not previously submitted. Copies of college transcripts or Certificates of Completion for courses related to wastewater are required for verification. *When applying for Grade II or above be sure to include a copy of your high school diploma if not previously submitted.*

OFFICE USE ONLY:

Total educational points: _____
Examination date: _____
Years of qualifying experience: _____

Approved for grade: _____
Certification issue date: _____
Certificate expiration date: _____

Chief Plant Operator's cert. exp. date: _____

Signature of reviewer: _____ Date: _____

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.waterboards.ca.gov

***EXPERIENCE, Sections IV through VI**: Please include a copy of your duty statement. Operator-in-Training (OIT) applicants complete section IV and list the specific duties you will be performing. Grades I and above complete section V and VI and attach additional pages as needed.*

IV. OIT WASTEWATER TREATMENT PLANT DUTIES –

A. Date started: _____ Avg. number of hrs/wk in operations:_____

B. Job classification/position title: _____

C. Job Duties: _____

_____

D. Name of Wastewater Treatment Plant: _____

E. Street address of plant: _____

Mailing address of plant: _____

F. Design flow: _____ MGD Treatment processes: _____

G. Supervisor's name: _____Grade: _____ Phone (____)_____

V. WASTEWATER TREATMENT PLANT EXPERIENCE –

A. Date started: _____ Date left: _____ Avg. number of hrs/wk in operations:_____

B. Job classification/position title: _____

C. Job Duties: _____

_____

D. Name of Wastewater Treatment Plant: _____

E. Street address of plant: _____

Mailing address of plant: _____

F. Design flow: _____ MGD Treatment processes: _____

G. Supervisor's name: _____Grade_____ Phone (___)_____

VI. ADDITIONAL WASTEWATER TREATMENT PLANT EXPERIENCE – (If needed)

A. Date started: _____ Date left: _____ Avg. number of hrs/wk in operations:_____

B. Job classification/position title: _____

C. Job Duties: _____

_____

D. Name of Wastewater Treatment Plant: _____

E. Street address of plant: _____

Mailing address of plant: _____

F. Design flow: _____ MGD Treatment processes: _____

G. Supervisor's name: _____Grade_____ Phone (____)_____

VII. SIGNATURE OF CHIEF PLANT OPERATOR

I hereby certify, under grounds for discipline, that the information contained in the present employment section above made by the applicant to be true and correct to the best of my knowledge.

Print Name: _____ Grade: _____ Number: _____

Original Signature: _____ Date: _____

VIII. SIGNATURE OF APPLICANT

I, the undersigned, certify that all statements made, and information contained in this application, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in grounds for discipline. I also consent to a thorough investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for which I have applied.

Print Name: _____ **Original Signature**: _____ Date: _____