



**APPLICATION FOR WATER DISTRIBUTION OPERATOR EXAMINATION,
 RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE**

- The Water Distribution Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (CDPH 8631 (8/2013)) must be filled out **completely** and postmarked by the final filing date of the examination you wish to participate in. For an application to be considered complete the following **must** be provided:
 - Personal information (name, date of birth, high school information, etc.),
 - Legible photocopies** of an **official transcript** or **certificate of completion** (noting the number of hours/units of training completed) if specialized training is a requirement for the examination you wish to take. **These are the only acceptable forms of verification of completion of a course.**
 - A check or money order made out to CDPH-OCP.
 - Your original signature (preferably in blue ink)

ALL INFORMATION MUST BE COMPLETED ON THE APPLICATION AND COURSEWORK VERIFIED EVEN IF YOU HAVE PREVIOUSLY SUBMITTED IT ON A DISTRIBUTION/TREATMENT APPLICATION.

- All minimum educational qualifications must be met by the final filing date of the exam you wish to participate in.** If you are still attending a specialized training course at the time your application is submitted, your application will be rejected.
- If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as **FILING FEES ARE NONREFUNDABLE.**

EXAMINATION FEES

Grade 1 = \$50.00	Grade 2 = \$65.00	Grade 3 = \$100.00	Grade 4 = \$130.00	Grade 5 = \$155.00
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**RE-EXAMINATION FEES
 (If previously failed)**

Grade 1 = \$30.00	Grade 2 = \$45.00	Grade 3 = \$70.00	Grade 4 = \$95.00	Grade 5 = \$120.00
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- Mail completed application and filing fee to:

**California Department of Public Health
 Operator Certification, MS# 7417
 P.O. Box 997377
 Sacramento, CA 95899-7377
 Phone: (916) 449-5611
 Fax: (916) 449-5654**

PROPOSED EXAM SITES (Grades 1–5)

Eureka	Redding	San Diego	Vallejo
Fresno	Sacramento	San Jose	
Los Angeles	San Bernardino	Santa Barbara	

*** Exam sites are in the general vicinity of the cities listed and are subject to change.**

Grade Level	Minimum Qualifications for Examination
D1	<ul style="list-style-type: none"> • High School or GED*
D2	<ul style="list-style-type: none"> • High School or GED* <p>AND</p> <ul style="list-style-type: none"> • One 36-contact-hour (3-unit) course of specialized training covering the fundamentals of water supply principles.
D3	<ul style="list-style-type: none"> • A valid grade D2 operator certificate. <p>AND</p> <ul style="list-style-type: none"> • Two 36-contact-hour (3-unit) courses of specialized training that includes at least one course covering the fundamentals of water supply principles.
D4	<ul style="list-style-type: none"> • A valid grade D3 operator certificate. <p>AND</p> <ul style="list-style-type: none"> • Three 36-contact-hour (3-unit) courses of specialized training that includes at least two courses in water supply principles.
D5	<ul style="list-style-type: none"> • A valid grade D4 operator certificate. <p>AND</p> <ul style="list-style-type: none"> • Four 36-contact-hour (3-unit) courses of specialized training that includes at least two courses in water supply principles.

* **High school/GED** equivalency for **grades 1 and 2 ONLY** can be fulfilled with **1 year** as an operator of a facility that required an understanding of a piping system that included pumps, valves, and storage tanks.

For more information about specialized training, please visit our website at <http://www.cdph.ca.gov/certlic/occupations/Pages/DWopcert.aspx>

WATER DISTRIBUTION OPERATOR

APPLICATION FOR EXAMINATION OR RE-EXAMINATION

Operator number	Exam results	Date received
Application approved for: D1 D2 D3 D4 D5		
Acknowledgement sent Approval sent		
Application NOT approved: <input type="checkbox"/> Insufficient specialized training/verification <input type="checkbox"/> High school/GED information incomplete		
Comments		

PLEASE DO NOT WRITE ABOVE THIS LINE

Please type or print legibly in ink.

1. PERSONAL INFORMATION

Full Legal Name (last, first, middle initial, suffix)		Date of birth	Social Security number	
Mailing address (number, street)		City	State	ZIP code
Work telephone number () ext.	Alternate number: Home() or Cell () ()	E-mail Address:		
Are you currently certified by the State of California as a water distribution operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Operator number	Grade	

2. EXAMINATION INFORMATION

Grade D1	Grade D2	Grade D3	Grade D4	Grade D5
<input type="checkbox"/> Exam \$50	<input type="checkbox"/> Exam \$65	<input type="checkbox"/> Exam \$100	<input type="checkbox"/> Exam \$130	<input type="checkbox"/> Exam \$155
<input type="checkbox"/> Re-Exam \$30 (if previously failed)	<input type="checkbox"/> Re-Exam \$45 (if previously failed)	<input type="checkbox"/> Re-Exam \$70 (if previously failed)	<input type="checkbox"/> Re-Exam \$95 (if previously failed)	<input type="checkbox"/> Re-Exam \$120 (if previously failed)

*** Preferred exam site (see cover page for a list of exam sites):**

Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? Yes No
-If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.

Please indicate if your religious beliefs prevent you from taking an exam on Saturday. Yes No
-If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.

3. EDUCATION

Did you graduate from high school? Yes No **OR** Did you obtain a GED certificate? Yes No

Date (month/year)	Name of high school	Location (city/state)
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D1 or D2 applicants ONLY, if you do not have a high school diploma or GED certificate, you must have one year of experience as an operator of a facility that requires an understanding of chemical feeds, hydraulic systems, or pumps. This experience must be verified with a copy of your utility's official job description.

From (mm/yy)	To (mm/yy)	Name and address of employer	Supervisor's name
			Supervisor's telephone number

4. SPECIALIZED TRAINING (For grades 2–5 applicants only. Grade 1 applicants proceed to item 5.)

You must fill in the course information below **AND** attach legible photocopies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). *Please include only that information which verifies completion of the required course work.* **PLEASE NOTE: COPIES OF REPORT CARDS OR UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE VERIFICATION OF COURSE WORK.**

Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an accredited academic institution or an organization accredited by the International Association of Continuing Education Training (IACET).

Grade D2 applicants: One course covering the fundamentals of water supply principles.

Grade D3 applicants: Two courses, one of which must be in water supply principles, while the supplemental course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

Grade D4 applicants: Three courses, two of which must be in water supply principles, while the supplemental course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

Grade D5 applicants: Four courses, two of which must be in water supply principles, while the two supplemental courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

Water Supply Principles

Course title	Units/hours	Date completed
Instructor's name	College or organization	
Course title	Units/hours	Date completed
Instructor's name	College or organization	

Supplemental Course (as stated above)

Course title	Units/hours	Date completed
Instructor's name	College or organization	
Course title	Units/hours	Date completed
Instructor's name	College or organization	

5. 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 misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

Original signature (Please sign in blue ink) (Photocopies NOT accepted) **Date**

PRIVACY ACT DISCLOSURE

This information is required by the California Department of Public Health, Drinking Water Technical Programs Branch. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required 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 examination and/or certification. The information provided is used to evaluate the applicant's eligibility for examination as a water distribution operator. No transfers of this information are anticipated. For more information, or access to your records, contact the California Department of Public Health, Drinking Water Program, Operator Certification Unit, MS# 7417, P.O. Box 997377, Sacramento, CA 95899-7377; telephone number (916) 449-5611.