
State Water Resources Control Board

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.
- For Grade 3 certification:
 - A copy of the **utility organization chart** which notes the employee names and position titles
 - A copy of the **utility's official job description** (for the position you hold/held) outlining duties performed

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.



**State Water Resources Control Board
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	
Address		Street	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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No			Operator No.	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? _____

Where 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 contact information.

Contact Name: _____ Phone: _____ email: _____

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)



State Water Resources Control Board

Be sure the appropriate fee is attached to your application, in check or money order form, made out to SWRCB-DWOC. **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.

**CERTIFICATION FEES
(Filing fees are NON-REFUNDABLE)**

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

4. EDUCATION

High school graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	College graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of graduation
Date of graduation:	Major/Degree	
Name and location of high school	Name and location of college	

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	

5. 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.

Attach **utility organization chart** listing names and titles **and duty statement(s)** for each timeframe.



GAVIN NEWSOM
GOVERNOR



JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

**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 a week spent on hands-on WT or WD duties:	Position Title:	Plant description:
			Population served by treated water or MGD produced:	
Job description:				Employer's name/address:
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 _____



State Water Resources Control Board

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

6. 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 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 916-445-8497 or email Jon.Strutzel@waterboards.ca.gov

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