



## APPLICATION FOR T3 – T5 WATER TREATMENT OPERATOR CERTIFICATION

|                |              |          |                |
|----------------|--------------|----------|----------------|
| OPERATOR NO.   |              | COMMENTS | DATE RECEIVED: |
| APPROVED FOR:  | APPROVED BY: |          |                |
| T3    T4    T5 |              |          |                |
| CERT DATED:    | CERT SENT:   |          |                |

DO NOT WRITE ABOVE THIS LINE

PLEASE TYPE OR PRINT LEGIBLY IN BLUE INK.

### 1. Personal Information

|                                     |                         |    |                |                          |                      |
|-------------------------------------|-------------------------|----|----------------|--------------------------|----------------------|
| LAST                                | FIRST                   | MI | SUFFIX         | Date of Birth (mm/dd/yr) | Last 4-digits of SSN |
| MAILING ADDRESS (number and street) |                         |    |                | CITY                     | STATE    ZIP CODE    |
| WORK TELEPHONE NO.<br>EXT.          | HOME/CELL TELEPHONE NO. |    | E-MAIL ADDRESS |                          |                      |

### 2. Certification Information

|   |                                |                                |                                |  |
|---|--------------------------------|--------------------------------|--------------------------------|--|
| This application is for:  | T3                             | T4                             | T5                             | Examination passed: month/year _____   |
| Evaluation/certificate fee of<br><br><b>OR</b><br><br>Dual-certified fee (if currently certified in Water Distribution or Wastewater) | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$140 | Are you certified by the State of California as a water treatment operator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Operator # _____    |
|   | <input type="checkbox"/> \$90  | <input type="checkbox"/> \$105 | <input type="checkbox"/> \$105 | Are you certified by the State of California as a water distribution operator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Operator # _____ |
|   |                                |                                |                                | Are you certified by the State of California as a wastewater operator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    Certificate # _____      |

### 3. Education – IF used as substitution for operator experience (Certificate/Degree must be in a relevant major and verified with a photocopy of an OFFICIAL TRANSCRIPT – see (1) (a), (b), or (c) on back of page)

|   |                          |              |   |
|---|--------------------------|--------------|---|
| CERTIFICATE/DEGREE HOLDER<br><input type="checkbox"/> Yes <input type="checkbox"/> No | CERTIFICATE/DEGREE MAJOR | DATE AWARDED | OFFICIAL TRANSCRIPT INCLUDED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--------------------------|--------------|---|

### 4. Experience -- To avoid delays in evaluation of your application, the following documents **MUST BE** submitted for each time frame of employment claimed for experience credit. Please see the back page for minimum qualifications.

Please initial (in space provided below) verifying requested attachments are included:

\_\_\_\_\_ A letter written, signed, and dated by your supervisor (on company letterhead) verifying: (1) **timeframe of employment** (mo/yr to mo/yr), (2) a detailed description of the specific **water treatment operator duties you perform(ed)**, (3) **number of hours** a week spent performing operator duties (Distribution/Treatment/ Wastewater), (4) **classification of the treatment plant(s)** where you perform(ed) these duties, and (5) **IF** applicable, your **designation** as a **shift or chief operator**. See sample letter attached.

**Attachments to this letter MUST INCLUDE:**

\_\_\_\_\_ A copy of the **utility organization chart** which notes the employees' **names and position titles**

\_\_\_\_\_ A copy of the **utility's official job description** (for the position you hold/held) outlining the duties performed \_\_\_\_\_ A **copy of the letter** (or permit) from your regulatory field office that **classifies your treatment plant** (T1-T5)

### 5. Signature of applicant: I, the undersigned, certify that all statements made on this application and accompanying attachments are true and correct; that I understand that any misrepresentations may result in revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

Original Signature (No Black Ink)

Date

## MINIMUM QUALIFICATIONS FOR CERTIFICATION FOR T3 TO T5

### T3

- \* Successful completion of the T3 exam (within the past 3 years) **AND**
- \*\* **1 year of site and grade specific WT operator experience** = 1 year of operator experience working as a certified T2 operator in a T2 facility or higher (may be substituted for (3) below) **AND**
- \*\*\* **1 year of general WT operator experience** = 1 additional year of operator experience working as a certified water treatment operator performing water treatment duties at a treatment rated facility (may be substituted with (1), (2), or (4) below).

### T4

- \* Successful completion of the T4 exam (within the past 3 years) **AND**
- \*\* **1 year of site and grade specific WT operator experience** = 1 year of operator experience working as either a shift or chief operator while holding a valid T3 certificate working in a T3 facility or higher (may be substituted for (3) below) **AND**
- \*\*\* **3 years of general WT operator experience** = 3 additional years of operator experience working as a certified water treatment operator performing water treatment duties at a treatment rated facility (may be substituted with (1), (2), or (4) below).

### T5

- \* Successful completion of the T5 exam (within the past 3 years) **AND**
- \*\* **2 years of site and grade specific WT operator experience** = 2 years of operator experience working as either a shift or chief operator while holding a valid T4 certificate working in a T4 or higher water treatment plant. **AND**
- \*\*\* **3 years of general WT operator experience** = 3 additional years of operator experience working as a certified water treatment operator performing water treatment duties at a treatment rated facility (may be substituted with (1), (2), or (4) below).

### Experience substitutions for certification as referenced above:

- (1) a degree earned at an accredited academic institution may be substituted as follows:
  - (a) Associate Degree or Certificate in water or wastewater technology that includes at least 15 units of physical, chemical, or biological science may be used to fulfill **1 year of general operator experience**.
  - (b) Bachelor's Degree in biology, chemical engineering, chemistry, civil engineering, environmental engineering, microbiology, public health, or sanitary engineering may be used to fulfill **1.5 years of general operator experience**.
  - (c) Master's Degree in any of the majors listed in (b) may be used to fulfill **2 years of general operator experience**.
- (2) A certified operator may substitute, on a day-for-day basis, experience gained while working with lead responsibility for water quality related projects (i.e., pilot plant)
- (3) If an applicant has a Bachelor of Science or Master of Science Degree, in conjunction with completion of a comprehensive operator training program, pursuant to Section 63800 (h), may be substituted for the required experience. (Prior approval of the Program must be obtained from SWRCB)
- (4) Experience gained as a certified wastewater treatment operator may be used to substitute up to 2 years of the general operator experience requirement. Wastewater treatment operator experience is credited on a two-for-one basis. A photocopy of a wastewater operator certificate along with a complete package of attachments verifying experience, covering the timeframe being claimed for experience credit, must be submitted with the application.

Mail **completed application and fee**, including **all requested attachments** to:

**State Water Resources Control Board  
Drinking Water Operator Certification Program  
P.O. Box 944212  
Sacramento, CA 94244-2120  
(916) 449-5611**

- (A) A check or money order made out to **SWRCB-DWOCB**.
- (B) If you are not sure of the requirements for a particular grade, contact this office for clarification before submitting your application as **FEES ARE NON-REFUNDABLE**.