



APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

- The Water Treatment Operator Examination, Re-Examination, or Examination for Restricted Certificate
 Application form (SWRCB 8629 revised on 1/2025) 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, last four digits of SSN, 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.
 - Pay on-line at: https://www.waterboards.ca.gov/make_a_payment/ or by check or money order made out to SWRCB-DWOCP. Do not send CASH.
 - Your original signature in blue ink.

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

- All minimum educational qualifications must be met by the time your application is submitted or
 postmarked by the final filing date for T5 exam applicants. If you have not completed the required
 specialized training course by the time your application is submitted, your application will be deemed
 deficient and will delay processing of your application.
- 3. If you are not sure of the requirements for a particular grade, see page 2 or refer to the Regulations. You may contact this office for clarification before submitting your application as **EXAM FEES ARE NONREFUNDABLE**.

Grade	Examination Fee	Re-Examination Fee*
1	\$50.00	\$30.00
2	\$65.00	\$45.00
3	\$100.00	\$70.00
4	\$130.00	\$95.00
5	\$155.00	\$120.00

^{*}Re-exam fee applies if you are retaking the same grade level that you have previously passed or failed.

4. Mail completed application, exam fee, and required attachments to:

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

Phone: (916) 449-5611 Fax: (916) 449-5654 State of California State Water Resources Control Board

Grade Level	Minimum Qualifications for Examination
T1	High School Diploma / GED Equivalency*
Т2	 High School Diploma / GED Equivalency* AND One 36-hour OR 3.6-continuing-education-unit (CEU) OR 3-college-semester-unit course of specialized training** covering the fundamentals of drinking water treatment.
Т3	 High School Diploma / GED Equivalency AND Two 36-hour OR 3.6-continuing-education-unit (CEU) OR 3-college-semester-unit courses of specialized training** that includes at least one course covering the fundamentals of drinking water treatment.
Т4	 A valid grade T3 operator certificate AND Three 36-hour OR 3.6-continuing-education-unit (CEU) OR 3-college-semester-unit courses of specialized training** that includes at least two courses in drinking water treatment.
Т5	 A valid grade T4 operator certificate AND Four 36-hour OR 3.6-continuing-education-unit (CEU) OR 3-college-semester-unit courses of specialized training** that includes at least two courses in drinking water treatment.

^{*} This requirement may also be fulfilled with either the successful completion of the State Water Board's Basic Small Water Systems Operations course or 1 year as an operator of a facility that required an understanding of chemical feeds, hydraulic systems, and pumps. For more information on the State Water Board's Basic Small Water Systems Operations course, contact the Office of Operator Certification.

For information about the Basic Small Water System Operations course, please email dwopcertprogram@waterboards.ca.gov.

^{**}College level courses providing at least 36 contact hours of training each in drinking water or wastewater quality, drinking water or wastewater treatment, drinking water distribution, or drinking water or wastewater facility operation, offered by an accredited academic institution or an organization either accredited by the international Association of Continuing Education Training (IACET) or an authorized provider of IACET, or courses completed and deemed acceptable by the Department prior to January 1, 2001 for the purpose of operator certification.

State of California

WATER TREATMENT OPERATOR

		Exam results			Date received				
A 1' (' 16									
Application approved for: T1 T2 T3	T4 T5								
Acknowledgement sent Approv									
Application <u>NOT</u> approved:									
Insufficient specialized training	g/verification								
☐ High school/GED information	incomplete								
Comments									
	PLEASI	E DO NO	T WRITE	ABO	VE THIS LIN	E			
Please type or print legibly i	in ink.								
1. PERSONAL INFOR	MATION (Le	gal Name)							
Last	First	gai Haiiloj		ıffix Da	te of Birth (mm/dd/yyyy)	Last 4-dig	gits of Social S	Security Number	
Mailing address (number, street)				Cit	у	St	ate	ZIP code	
Work Telephone Number	ext.	ternate Number: Ho	ome () or Cell ()	E-mail Address:	<u>, </u>	<u>'</u>		
Are you currently certified		alifornia as a	V		erator number	Grade / Expi	iration Date		
potable water treatment			Yes	No					
2. EXAMINATION INF	ORMATION	(Do Not se	end CASH)	- Fee	s are NON-RE	FUNDA	BLE		
Grade T1	Grade	T2	Grade T	3	Grade T	4	Gra	ide T5	
		5 Exam \$100		Exam \$130		Exam \$155			
Exam \$50	Exam \$6	5	Exam \$100		,			Re-Exam \$120 (if previously taken)	
Re-Exam \$30	Re-Exam	\$45	Re-Exam \$7		Re-Exam \$9			•	
Re-Exam \$30 (if previously taken)	Re-Exam (if previously	\$45 taken)						•	
Re-Exam \$30	Re-Exam (if previously	\$45 taken)	Re-Exam \$7		Re-Exam \$9			•	
Re-Exam \$30 (if previously taken) 3. REASONABLE AC Do you have an ADA Titled -If yes, please enclose a leaspecific accommodations	Re-Exam (if previously COMMODAT le I disability/impetter (from a profethat will be require	\$45 taken) FIONS pairment for wheesional authorized.	Re-Exam \$7 (if previously ta	ken) need as	Re-Exam \$9 (if previously tak sistance during th	e exam?	(if previo	•	
Re-Exam \$30 (if previously taken) 3. REASONABLE AC Do you have an ADA Titl -If yes, please enclose a lo	Re-Exam (if previously COMMODAT le I disability/impetter (from a profethat will be require	\$45 taken) FIONS pairment for wheesional authorized.	Re-Exam \$7 (if previously ta	need as	Re-Exam \$95 (if previously tak sistance during th ssments) that descr	en) e exam? ibes the	(if previo	ously taken)	
Re-Exam \$30 (if previously taken) 3. REASONABLE AC Do you have an ADA Titled -If yes, please enclose a leaspecific accommodations	Re-Exam (if previously COMMODAT le I disability/impetter (from a profethat will be require eck one only	\$45 taken) FIONS pairment for wheesional authorized.	Re-Exam \$7 (if previously ta	need as uch asse	Re-Exam \$95 (if previously take) sistance during the saments) that describid you obtain a GED certificate?	en) e exam? iibes the	(if previo	ously taken)	
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Re-Exam \$30 (if previously taken) 3. REASONABLE AC Do you have an ADA Titl -If yes, please enclose a laspecific accommodations 4. EDUCATION — Che Did you graduate from hig Date Graduated (mm/yy) Location (city/state) OR T1 and T2 applica 1. Successfully com Basic Small War	Re-Exam (if previously COMMODAT le I disability/impletter (from a profethat will be require CCK one only Name of high so Ints ONLY, if you inpleted: ter System Oper	\$45 taken) FIONS pairment for with essional authorities. Yes No hool	Re-Exam \$7 (if previously ta	need as uch asse	Re-Exam \$99 (if previously take) sistance during the saments) that describid you obtain a GEI certificate? yes, provide a cop	e exam? iibes the	(if previo	es No	

	systems, and	, , , , , , , , , , , , , , , , , , , ,	of a facility that requires an understanding of chemical feeds, hydraulic ied with a dated and signed letter from your supervisor on company escription.			
	From (mm/yy) To (mm/yy)	Name and Address of Employer	Supervisor's Name			
5.	TRANSCRIPTS or C	ERTIFICATES OF COMPLETION as	ants only. You must attach legible photocopies of OFFICIAL proof of attainment of the required course work (certificates of completed). Please include only that information which verifies			
	completion of the req	<u>quired course work</u> . (See Minimum Qu	alifications for grade specific requirements.) PLEASE NOTE: COPIES NRE NOT ACCEPTABLE VERIFICATION OF COURSE WORK.			
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 misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106877 & Section 106878 of the Health and Safety Code.					
	Original Signature (P	lease Sign, NO Black Ink) (Photocopies N	OT accepted) Date			

T1 and T2 or applicants ONLY, if you do NOT have a high school diploma or GED certificate.

PRIVACY ACT DISCLOSURE

This information is required by the State Water Resources Control Board. 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 treatment facility operator. No transfers of this information are anticipated. For more information, or access to your records, contact the State Water Resources Control Board, Drinking Water Operator Certification Programs, PO Box 944212, Sacramento, CA 94244-2120; telephone number (916) 449-5611.

- Pay on-line here: https://www.waterboards.ca.gov/make_a_payment/ or by check or money order, made out to <u>SWRCB-DWOCP</u> (Do Not Send CASH)
- Mail completed application, fee, and required attachments to:

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