



GAVIN NEWSOM
GOVERNOR

JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

**CERTIFICATION APPLICATION
FOR WASTEWATER TREATMENT PLANT OPERATOR
USE THIS FORM ONLY FOR CERTIFICATION APPLICATIONS**

I. CERTIFICATION GRADE AND FEES:

Check the appropriate box to indicate which Grade Level you are applying.

| GRADE I | | GRADE II | | GRADE III | | GRADE IV | | GRADE V | |
|--------------------------|--------------|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|
| <input type="checkbox"/> | \$125 | <input type="checkbox"/> | \$170 | <input type="checkbox"/> | \$225 | <input type="checkbox"/> | \$255 | <input type="checkbox"/> | \$255 |
| <input type="checkbox"/> | Dual \$95 | <input type="checkbox"/> | Dual \$125 | <input type="checkbox"/> | Dual \$170 | <input type="checkbox"/> | Dual \$190 | <input type="checkbox"/> | Dual \$190 |

The Certified Dual fee applies if the applicant holds a current and valid Drinking Water Treatment and/or Drinking Water Distribution Certificate issued by the State Water Boards, Drinking Water Operator Certification Program.

If paid by electronic payment provide the Reference Code #: _____

II. APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle: _____

Mailing Address: _____ Apt. #: _____ City: _____

County: _____ State: _____ Zip: _____

Check box if your address has changed.

Telephone: Cell/Home: (____) _____ Work: (____) _____ Ext: _____

| OFFICE USE ONLY | |
|--|---|
| Total educational points: _____ | Approved/ Denied for grade: _____ |
| Examination date: _____ | Certification issue date: _____ |
| CPO's cert exp. date: _____ | Certificate expiration date: _____ |
| Years of qualifying experience: _____ | |
| Signature of reviewer: _____ Date: _____ | \$ _____ Check, Money Order, ACH/CC Payment |

Last four digits of your Social Security Number: _____ Date of Birth: _____

Email Address: _____

Check box to receive public notices from the Wastewater Operator Certification Program.

Check all that apply: Are you currently or have you ever been a certified California Drinking Water Operator?

Treatment: Grade level: _____ Certificate#: _____ Expiration Date: _____

Distribution: Grade level: _____ Certificate#: _____ Expiration Date: _____

Are you currently a certified Wastewater Treatment Plant Operator in California?

If YES, Grade: _____ Certificate Number: _____

III. EDUCATION:

You must meet the minimum educational requirements to qualify for certification as per §3687, in the Wastewater Regulations. Please see instructions for more information.

Did you graduate from High School or do you possess a GED or equivalent? Yes No

If you answered yes and you haven't already done so, submit a copy of your high school diploma, GED, or equivalent.

Have you completed training coursework in math, wastewater, biology, chemistry, physics, or engineering? Yes No

If you answered yes and you haven't already done so, submit a copy of the certificate of completion that has your name, the instructors name and signature, the course name, the course providers name and the number of hours of instruction.

Have you completed college or university coursework in math, wastewater, biology, chemistry, physics, or engineering? Yes No

IV. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE:

You must complete all of Section IV and **provide a copy of your duty statement** on official employer letterhead or signed by the Chief Plant Operator (CPO). Attach additional sheets if you work at more than one wastewater treatment plant. List each job separately.

| | | | |
|--|--|--|--|
| From (M/D/YY) | To (M/D/YY) | Job Classification/ position title: | |
| Average number of hours per week in wastewater operations: | Name of Wastewater Treatment Plant: | Name of Contract Operator (if applicable): | |
| Mailing Address: | | Name of Owner | |
| Street Address: | | Telephone: (____) _____ Ext: _____ | |
| Job Duties | | | |
| Do you also currently work as a Drinking Water Treatment of Distribution operator? If so, complete this section. | | | |
| Name of Water System: | Average number of hours per week in Water Treatment: | | |
| Address of System | Average number of hours per week in Water Distribution | | |

V. SIGNATURE OF CHIEF PLANT OPERATOR (CPO):

As the undersigned operator, I hereby certify that I am the Chief Plant Operator of the above-named wastewater treatment plant, and that all facts and statements set forth in this section, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as well as the imposition of administrative civil liability.

Telephone: (____) _____ Ext: _____

Print Name: _____ Grade: _____ Certification Number: _____

Original Signature: _____ Date: _____

PLEASE SIGN IN BLUE INK.

VI. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:

List each job separately. Attach additional sheets if necessary.

| | | | |
|---|-------------|---------------------------------------|--|
| From (M/D/YY) | To (M/D/YY) | Job Classification/ position title: | |
| Average number of hours per week in wastewater operations: | | Name of Wastewater Treatment Plant: | Name of Contract Operator (if applicable): |
| Mailing Address: _____ | | Name of Owner: _____ | |
| Street Address: _____ | | Telephone: (____) _____ Ext: _____ | |
| Job Duties: | | | |
| CPO's Name: | | CPO's Grade Level: | CPO's Phone number |
| Did you also work as a Drinking Water Treatment of Distribution operator? If so, complete this section. | | | |
| Average number of hours per week in Water Treatment: _____ | | Name of Water System: | |
| Average number of hours per week in Water Distribution _____ | | Address of System: | |

PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:

List each job separately. Attach additional sheets if necessary.

| | | | |
|--|-------------|---------------------------------------|--|
| From (M/D/YY) | To (M/D/YY) | Job Classification/ position title: | |
| Average number of hours per week in wastewater operations: | | Name of Wastewater Treatment Plant: | Name of Contract Operator (if applicable): |
| Mailing Address: _____ | | Name of Owner: _____ | |
| Street Address: _____ | | Telephone: (____) _____ Ext: _____ | |
| Job Duties: | | | |

| | | |
|---|-----------------------|--------------------|
| CPO's Name: | CPO's Grade Level: | CPO's Phone number |
| Did you also work as a Drinking Water Treatment of Distribution operator? If so, complete this section. | | |
| Average number of hours per week in Water Treatment: _____ | Name of Water System: | |
| Average number of hours per week in Water Distribution _____ | Address of System: | |

VII. PRIOR ACTIONS:

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

Yes No

If YES, Explain:

Do you elect to make the irrevocable choice to substitute 16 educational points for one year of experience (as per Section 3684 (3) of the California Code of Regulations, title 23, division 3, chapter 26 Operator Certification Regulations), if so please initial here _____

VIII. SIGNATURE OF APPLICANT

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this certification application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for certification. I acknowledge that certification fees are non-refundable.

Print Name: _____ Date: _____

Original Signature: _____

PLEASE SIGN IN **BLUE** INK.

INSTRUCTIONS FOR CERTIFICATION APPLICATION

I. CERTIFICATION GRADES AND FEES

Check the box of the grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to:

“State Water Resources Control Board.” WWOCP can accept electronic payments to pay for application fees. Instructions are available on the Waterboards payment website. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

Dual Certificate fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate.

II. APPLICANT INFORMATION

II.

Provide all of the requested information. Please notify the Wastewater Operator Certification Program (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your Certification application. Note if you are also a State Water Board Drinking Water Treatment and/or a Drinking Water Distribution certificate holder.

Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide the last four digits of your social security number. Failure to provide the requested information will result in denial of the certification application. The last four digits of the social security number will be used by the State solely for the purpose of identifying the certificate holder. Applicants have the right to inspect records containing personal information maintained by the State Water Board.

III. EDUCATION AND TRAINING

Unless previously provided to the WWOCP, you must attach documents verifying your education, including:

- Copy of high school graduation diploma or high school equivalent certificate
- Copies of official college transcripts, or certificates of completion for coursework to verify completion of education requirements.
- Copies of all wastewater treatment, math, engineering, biology, chemistry, physics, or management courses that you have completed. You will only be given credit for training courses that you have completed. You will not be given credit for courses that you are currently attending or are signed up to attend. The WWOCP must review and approve all courses.
- Applicants may **not** substitute experience for educational points.

Please refer to the Training Directory for additional information. Applicants may not substitute experience for educational points.

IV & V CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work. Attach additional sheets if you currently work at more than one wastewater treatment plant.

INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION APPLICATION

I. CERTIFICATION GRADES AND FEES

Check the box of the grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to: "State Water Resources Control Board." WWOCP can accept electronic payments. Instructions are available on the Waterboards payment website. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

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IV & V. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You MUST provide a description of the duties performed at the WWTP either signed by the Chief Plant Operator (CPO) or listed on the WWTP letterhead.

Provide your CPO's phone number, grade level, and certificate number. Your application MUST include the CPO's ORIGINAL signature and date in blue ink.

VI. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE

List all of your previous wastewater treatment plant experience. List each job separately. Attach additional sheets if necessary.

VII. PRIOR ACTIONS

Check the box whether a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you? If the answer is yes, you must provide an explanation. Attach additional sheets if necessary.

VII. SIGNATURE OF APPLICANT

The application submitted to the WWOCP MUST include your ORIGINAL signature and date in blue ink. Please make a copy of your complete application for your files. Mail the original completed application package to:

Mailing Address

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

Overnight Mailing Address

State Water Resources Control Board
Wastewater Operator Certification
1001 "I" Street, 17th Floor
Sacramento, CA 95814

Direct any questions concerning this application to: (916) 341-5909 or to the wastewater operator certification program's email: wwopcertprogram@waterboards.ca.gov.