

State Water Resources Control Board

EXAMINATION APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATORS

USE THIS FORM ONLY FOR EXAMINATION

APPLICATIONS I. EXAMINATION GRADE AND FEES:

Check the Box to indicate which Grade Level you are applying for.

Grade I		Grade II		Grade III		Grade IV		Grade V	
☐	Exam \$220	☐	Exam \$284	☐	Exam \$539	☐	Exam \$665	☐	Exam \$665
☐	Re-Exam \$155	☐	Re-Exam \$201	☐	Re-Exam \$420	☐	Re-Exam \$538	☐	Re-Exam \$538

The Re-exam fee applies if an applicant previously took the same grade level exam.

If paid by electronic payment, write the Reference Code# _____

Except for certain examination fees, fees are non-refundable. Please see instructions for more information.

II. APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle: _____

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

County: _____ State: _____ Zip: _____

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

☐ Check box if your address has changed.

FOR OFFICE USE ONLY	
Examination Date: _____	Approved/ Denied for grade: _____
Total Educational Points: _____	Reason for Denial: _____
Signature of Reviewer: _____	Date: _____
☐ Check if Pending due to deficiency	\$ _____ Check, Money Order, ACH/CC Payment
Re-exam? ☐ Yes ☐ No	

Telephone: Cell/Home: _____

Telephone: Work: _____

Email Address: _____

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

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 or GED.

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

If you answered yes and you haven't already done so, submit a copy of your official college transcripts to verify your education.

IV. SIGNATURE OF APPLICANT:

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this examination 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 this examination. I acknowledge that with the exception of certain examination fees that are refundable pursuant to California Code of Regulations, title 23, division 3, chapter 26, § 3700, subd. (e), all fees are non-refundable.

Print Name:_____ Original Signature_____ Date:_____

PLEASE SIGN IN **BLUE** INK.

If you have a Reasonable Accommodation and need special testing arrangements, submit a note with testing requests along with a letter from a professional authorized to make such assessments and describe the specific accommodations that will be required, to wwopcertprogram@waterboards.ca.gov or call (916)341-5819 no later than the final filing date. The WWOCP will contact you to make specific arrangements.

INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT EXAMINATION APPLICATION

I. EXAMINATION 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. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

Re-exam fee applies if an applicant previously took the same grade level exam at any time. An applicant is eligible for the re-exam fee even if they passed a previous exam, so long as the exam is the same grade level.

II. APPLICANT INFORMATION

Provide all of the requested information. The application must be received sixty days prior to the examination date. 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 examination application.

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 your examination application. The social security number will be used by the state solely for the purpose of identifying the applicant. Applicants have the right to inspect records containing personal information maintained by the State Water Resources Control Board.

III. EDUCATION

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.

Please refer to the [Training Directory](#) for additional information. Applicants may not substitute experience for educational points.

IV. 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

Direct any questions concerning this application to:
wwopcertprogram@waterboards.ca.gov.

Overnight Mailing Address

State Water Resources Control Board

Wastewater Operator Certification

1001 "I" Street, 17th Floor

Sacramento, CA 95814

application to: (916) 341-5819 or to the