



OFFICE USE ONLY	
<input type="checkbox"/>	Check \$ _____
<input type="checkbox"/>	Money Order \$ _____
<input type="checkbox"/>	ACH \$ _____
Re-Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	



State Water Resources Control Board

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

I. EXAMINATION GRADE AND FEES: If paid by ACH/Online check, write the Reference Code# _____

(Check appropriate box)

Grade I	Grade II	Grade III	Grade IV	Grade V
<input type="checkbox"/> Exam \$120	<input type="checkbox"/> Exam \$ 155	<input type="checkbox"/> Exam \$295	<input type="checkbox"/> Exam \$365	<input type="checkbox"/> Exam \$365
<input type="checkbox"/> Re-Exam* \$85	<input type="checkbox"/> Re-Exam* \$110	<input type="checkbox"/> Re-Exam* \$230	<input type="checkbox"/> Re-Exam* \$295	<input type="checkbox"/> Re-Exam* \$295

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

(With the exception of certain examination fees, fees are non-refundable. Please see instructions for more information.)

II. EXAMINATION SITE: Circle/Select the preferred exam site—Please note WWOCP cannot guarantee exam site choice

- Fresno
 Inland-Empire
 Los Angeles
 Monterey
 Redding
 Sacramento
 San Diego
 SF Bay Area
 San Luis Obispo
 Santa Rosa

III. APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle: _____

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

County: _____ State: _____ Zip: _____

Check box if your address has changed.

Telephone: Cell: (____) _____

Telephone: Home: (____) _____

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.

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Examination Date: _____

Approved /Denied for grade: _____

Total educational points: _____

Reason for Denial: _____

Signature of Reviewer: _____

Date: _____ Site: _____

Check if Pending due to deficiency

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

Treatment: Grade Level: _____ Certificate#: _____ Exp: _____ Distribution: Grade Level : _____ Certificate #: _____ Exp: _____

Are you currently a certified Wastewater Treatment Plant Operator in California? YES NO

If YES, Grade: _____ Certificate Number: _____

Wastewater Treatment Plant (WWTP)/Employer Name: _____

WWTP/Employer Address: _____ City: _____ Zip: _____

WWTP/Employer Telephone: (____) _____ ext. _____

IV. EDUCATION: (Unless previously provided to the Wastewater Operator Certification Program (WWOCP), you must attach documents verifying your education. Please see instructions for more information.)

Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you possess a GED or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
University or College-name and location, business, correspondence, trade or service school	Course of Study/Major	Units Completed		Diploma, Degree, or certificate obtained (include date earned)
		Semester	Quarter	

Training Course(s):

Licenses/Certificates:

V. 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 REQUEST 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 WWOCPERTPROGRAM@WATERBOARDS.CA.GOV OR CALL (916) 341-5741 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 online payments from checking/savings accounts to pay for application fees. Instructions are available on the Wastewater Operator Certification Home page (http://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml) at the bottom of the page locate the Online Payments section. (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. EXAMINATION SITE

Circle the preferred exam site. Please note that exam site preference is not guaranteed. Exam sites are in the general vicinity of the cities listed and are subject to change. If an examinee wishes to change their exam site, they need to contact the WWOCP a month before the exam.

III. 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.

IV. 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. The Training Directory can be found on the Wastewater Operator Certification Program home website, under the tab 'General Information', and then 'Training Directory' or by using the link: http://www.waterboards.ca.gov/water_issues/programs/operator_certification/docs/trngdir.pdf.
- Applicants may **not** substitute experience for educational points.

V. 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:
State Water Resources Control Board
Wastewater Operator Certification
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) 341-5741 or wwocertprogram@waterboards.ca.gov