



For Official Use Only

Check \$ _____

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ACH \$ _____

Dual? Yes No



State Water Resources Control Board

OPERATOR-IN-TRAINING APPLICATION FOR WASTEWATER TREATMENT PLANTS

USE THIS FORM ONLY FOR OPERATOR-IN-TRAINING APPLICATIONS

I. OIT CERTIFICATION GRADE AND FEES:

(Check appropriate box)

OIT I	OIT II	OIT III	OIT IV	OIT 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

(Fees are non-refundable)

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

If paid by ACH/online check, write 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: (_____) _____

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.

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: _____

Wastewater Treatment Plant (WWTP)/ Employer Name: _____

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

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

OFFICE USE ONLY:

Total educational points: _____

Approved for grade: _____

Examination date: _____

Certification issue date: _____

Years of qualifying experience: _____

Certificate expiration date: _____

Chief Plant Operator's cert. exp. date: _____

Signature of reviewer: _____ Date: _____

III. EDUCATION AND TRAINING: You must meet the minimum educational requirements to qualify for certification as per §3685 in the Wastewater Regulations. Please see instructions for more information.

Did you graduate from High School? Yes No If not, 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. PROPOSED 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 plan to work at more than one wastewater treatment plant.) Please note that OIT's cannot work in operations until their OIT certificate has been issued.

From	To	Proposed Job Classification/position title:	
Average number of hrs/wk in operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Mailing Address:			Name of owner:
Street Address:			

Proposed Job Duties: (In Addition to Listing Job Duties, Attach a Duty Statement or Job Description)

**SIGNATURE OF CHIEF PLANT OPERATOR (CPO):
(Required)**

As the undersigned operator, I hereby certify that I am the Chief Plant Operator of the above-named current 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.

Telephone: () Ext. _____

Print Name: _____ Grade: _____ Certification Number: _____

Original Signature: _____ Date: _____

*PLEASE SIGN IN **BLUE** INK.

V. APPLICANT'S PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:
(List each job separately. Attach additional sheets if necessary.)

From:	To	Job Classification/position title:	
Average number of hrs/wk in operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Mailing Address:			Name of owner:
Street Address:			

CPO's Name: _____ Grade: _____ Telephone: () Ext. _____

Job Duties:

VI. 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:

VII. SIGNATURE OF APPLICANT:

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this Operator-in-Training (OIT) 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 OIT certification. I acknowledge that OIT Certification fees are non-refundable.

Print Name: _____

Original Signature: * _____ Date: _____

***PLEASE SIGN IN BLUE INK.**

INSTRUCTIONS OPERATOR-IN-TRAINING APPLICATION

I. CERTIFICATION GRADES AND FEES

Check the box of the Grade level for which you are applying. Either attach a check or money order for the appropriate fee made payable to: "**State Water Resources Control Board**", or make an ACH (online checking/savings) payment and write the Reference Code on the application. Online payment instructions are available on the Wastewater Operator Certification Home Webpage at http://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd.(a).)

Dual-OIT fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate. In order to qualify for an OIT-II or higher, the applicant must have taken and passed that grade level of exam within the last four years.

II. APPLICANT INFORMATION

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 OIT certification 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 the OIT 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.
- 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.

IV. PROPOSED WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work or at which you will work after you receive your OIT certificate. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You **MUST** provide a copy of your duty statement on official letterhead or signed by the Chief Plant Operator (CPO).

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.

V. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE

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

VI. 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:

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) 341-5648 or wwopcertprogram@waterboards.ca.gov