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EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

### PROVISIONAL OPERATOR APPLICATION FOR CERTIFICATION

**CERTIFICATION FEE \$125**  
(Fee is non-refundable)

If paid on ACH/online check, write the  
reference/confirmation code# \_\_\_\_\_

A person may apply for a provisional operator certificate for the operation of a class I wastewater treatment plant if the applicant has passed an examination at the Grade I level or higher and the applicant's examination results have not expired and has received written approval from the Wastewater Operator Certification Program (WWOCP).

#### I. APPLICANT INFORMATION:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: Work: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (last 4digits): \_\_\_\_\_

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: \_\_\_\_\_

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

YES

NO

If YES, Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Wastewater Treatment Plant (WWTP)/Employer: \_\_\_\_\_

WWTP/Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

WWTP/Employer Telephone: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

#### OFFICE USE ONLY:

Total educational points: \_\_\_\_\_

WWOCP Approved: \_\_\_\_\_

Examination date: \_\_\_\_\_

Certification issue date: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate expiration date: \_\_\_\_\_

**II. EDUCATION: (Unless previously provided to the WWOCP, you must attach documents verifying your education. Please see instructions for more information.)**

Did you graduate from High School?		If not, do you possess a GED or equivalent?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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: \_\_\_\_\_

**III. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE: (You must provide a copy of your duty statement on official employer letterhead or signed by the Chief Plant Operator (CPO). Attach additional sheets if you currently work at more than one wastewater treatment plant.)**

From (MM/DD/YY)	To (MM/DD/YY)	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:			Telephone : (____) _____ ext _____	

Job Duties: \_\_\_\_\_

**IV. SIGNATURE OF OWNER:**

As the undersigned owner, I hereby certify that I am the owner 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 the imposition of administrative civil liability.

Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Print Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Original Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE SIGN IN BLUE INK.**

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

From (MM/DD/YY)	To (MM/DD/YY)	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 municipality:
Street Address:			
CPO's Name:		Grade:	Telephone: (____)____ext.____

**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 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 provisional operator certification fees are non-refundable.

Print Name: \_\_\_\_\_

Original Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE SIGN IN BLUE INK.**

**INSTRUCTIONS FOR  
PROVISIONAL OPERATOR CERTIFICATION APPLICATION**

**I. A PROVISIONAL OPERATOR** means a person who is solely responsible for the operation of a Class I wastewater treatment plant that has received written approval from the Office of Operator Certification to use a provisional operator in accordance with section 3680.2 of the wastewater regulations and who possesses a valid, unexpired provisional operator certificate.

**II. APPLICANT INFORMATION AND FEES**

Provide all of the requested information. Please notify the Wastewater Operator Certification (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your provisional operator 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 provisional operator certification application. 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.

Either attach a check or money order for the appropriate fee made payable to: “**State Water Resources Control Board**”, or make an online payment from your checking/savings accounts. Online payment Instructions are available on the Wastewater Operator Certification Home page ([http://www.waterboards.ca.gov/water\\_issues/programs/operator\\_certification/operator\\_certification.shtml](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).)

**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 or 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](http://www.waterboards.ca.gov/water_issues/programs/operator_certification/docs/trngdir.pdf).
- Applicants may **not** substitute experience for educational points.

**IV. & IV. 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 copy of your duty statement on official letterhead or signed by the Owner.

Provide your Owner's telephone number, grade level, and certificate number. Your application **MUST** include the Owner'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 answering 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, has 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 applications submitted to the Wastewater Operator Certification Program **MUST** include the applicant's **ORIGINAL** signature and date in blue ink. Please make a copy of your complete application for your files. Mail the original completed application and package and fee to:

**Mailing Address:**

**State Water Resources Control Board  
Wastewater Operator Certification  
PO Box 944212  
Sacramento, CA 94244-2120**

**Overnight Mailing Address:**

**State Water Resources Control Board  
Wastewater Operator Certification  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814**

Direct any questions concerning this application to: (916) 341-5648 or [wwpcertprogram@waterboards.ca.gov](mailto:wwpcertprogram@waterboards.ca.gov).