

Operator Certification Board Mail Room 3211 Albert St Regina, SK S4S 5W6

Water and Wastewater Utility Operators New or Upgrade Certification Application Form

\$150.00 Application fee enclosed: Y/N (New Apps only) Credit Card Authorization form on our website.

Applications & payment must be mailed, emailed of faxed to the office.

Drop off of documents will not be accepted.

Check which type of application(s) you are applying for:

NEW APPLICANT _____ UPGRADE _____ OPERATOR IN TRAINING ___

Please indicate below if you are requesting substitution for any missing education or experience:

	Applica	ant Conta	act	t Informa	tion		
First Name		Middle Initi	al	Last Name			
Address		City / Town			Province		Postal Code
Home Phone	Work Phone	e		Cell Phone		Fax 1	Number
Email Address							
Employer / Facility Name			Facility Classification				

Application Instructions

- 1. Applications must be received by the deadline for the meeting date. All meeting dates are subject to change at the Board's discretion.
- 2. Applications will not be processed without all required documentation.
- 3. Enclose a copy of your certification exam results.
- 4. The non-refundable application fee of \$150.00 is required for new applications only. <u>There is</u> <u>no fee for upgrade applications.</u>
- 5. Cheques should be made payable to the Operator Certification Board. Credit card payments are also accepted using the authorization form on the website.
- 6. Completed applications can be emailed, faxed or mailed to the office.
- 7. The applicant must sign the application and the applicant's supervisor must verify their operating experience and employment period.

New Certification / Upgrade						
If applying for Operator in Training circle category(s)	Circle the level for the category(s) you are request certification in.					
	Category		Le	vel		
	Small Water System	Х				
	Small Wastewater System	Х				
	Water Treatment	1	2	3	4	
	Water Distribution	1	2	3	4	
	Wastewater Treatment	1	2	3	4	
	Wastewater Collection	1	2	3	4	

Education

- Applications will not be processed without documentation of education.
- Submit a copy of your certification exam results.
- A secondary education document must be submitted in the form of an official high school transcript or GED equivalent transcript.
- If education was concluded prior to 1971 <u>or</u> prior to grade 10, a signed affidavit or declaration can be submitted stating the last level of education achieved.
- Submit documentation of any completed post-secondary university, college or trade school programs.
- Include documentation of all courses, seminars and workshops approved by the Operator Certification Board related to water and wastewater operations if required for substitutions.
- Documentation which has already been submitted is on file and does not need to be resubmitted.

Authorization

I hereby certify with my signature that all information contained in this application is true and correct. I understand that any omissions or misrepresentations may result in ineligibility for the certification applied for or revocation of any certificate granted. I also consent to an investigation of my employment record and education background for the purpose of verifying my qualifications for the certificate for which I have applied.

Signature of Applicant

Date

Summary of Water Treatment Experience							
Complete a separate page for water treatment operating experience obtained with other Employers							
Name:	Employer:						
Facility Classification (circle one)	Class 1	Class 2		Class 3	Class 4		
Position:			Circle C	Dne: Full Time	Part Time	Relief	
Water Treatment Operational Experience							
Employment Dates Days/Hours Breakdown							
From: (month/year)	To: (month/y	/ear)	Typical I operating	nours/day g facility	Typical da operating f		
Describe your respon	sibilities and duti	es operat	ting the w	vater treatment	facility:		
Water Treatment Direct Responsible Charge Experience (DRC)							
Do not indicate DRO	-	-	•			t be counted	
From: (month/year)		nth/year)	certification is not applicable and will not be counted. /year) Describe your DRC responsibilities at the facility:				
	V	⁷ erifica	tion by	Supervisor			
I hereby certify with I understand that an revocation of any ce	ny omissions or r	nisrepre	- 0	-		e is true and correct. of the applicant or	
Print Name:	Brunteu		Position:				
Signature:]	Date:				

Summary of Water Distribution Experience								
Complete a separate p	Complete a separate page for water distribution operating experience obtained with other Employers							
Name: Employer:								
Facility Classification (circle one)	Class 1	Class 2		Class 3	Class 4			
Position:			Circle (One: Full Time	e Part Time	Relief		
	Water Distribution Operational Experience							
Employment Dates				Hours Breakd				
From: (month/year)	To: (month/y	ear)	Typical h operating		Typical days/w operating facili			
Describe your response	sibilities and dutie	es operatii	ng the wa	ter distribution	n facility:			
			_		Experience (D	RC)		
Do not indicate DRC DRC earned prior to						counted.		
From: (month/year)	To: (month/y				DRC responsibilitie			
	I		1					
			V	Supervisor				
I hereby certify with								
I understand that an revocation of any certain the state of the state			entations	s may result if	i mengionity of t	ne applicant or		
Print Name:	i unicate gi anteu.		Position:					
Signature:		Γ	Date:					

Summary of Wastewater Treatment Experience						
Complete a separate page for wastewater treatment operating experience obtained with other Employers						
Name:		Employer:				
Facility Classification (circle one)	Class 1	Class 2	Class 3	Class 4		
Position:		Circle One:	Full Time Par	t Time Relief		
Wastewater Treatment Operational Experience						
Employment Dates Days / Hours Breakdown						
From: (month/year)	To: (month/year)	Typical hours/dayTypical days/weekoperating facilityoperating facility				
Describe below your resp	onsibilities and duties of	perating the w	astewater treatmen	nt facility:		
Do not indicate DRC exp		to your Level	2 certification.			
DRC earned prior to Le						
From: (month/year)	To: (month/year)	Describe belo	w your DRC respor	sibilities at the facility:		
		I				
Verification by Supervisor						
	I hereby certify with my signature that the operating experience described above is true and correct. I understand that any omissions or misrepresentations may result in ineligibility of the applicant or revocation					
Print name:		Position:				
Signature:		Date:				

S	Summary of Wastewater Collection Experience					
Complete a separate page for wastewater collection operating experience obtained with other Employers						
Name:	Name: Employer:					
Facility Classification (circle one)	Class 1	Class 2 Class 3 Class 4				
Position	·	Circle One	: Full Time I	Part Time Relief		
Wastewater Collection Operational Experience						
Employment Dates		Days / Ho	urs Breakdown			
From: (month/year)	To: (month/year)	Typical hour operating fac		Typical days/week operating facility		
Describe below your resp	onsibilities and duties	operating the was	tewater collection f	facility:		
Wastewa	ter Collection Di	rect Responsi	ble Charge Ex	xperience (DRC)		
Do not indicate DRC		-	U			
DRC earned prior to	Level 2 Operator ce	rtification is no	t applicable and	will not be counted.		
From: (month/year)	To: (month/year)	Describe below	your DRC respons	sibilities at the facility:		
	L	<u> </u>				
Verification by Supervisor						
I understand that any	omissions or misre			ed above is true and correct. igibility of the applicant or		
revocation of any cert Print name:	ilicate granted.	Position:				
Signature:		Date:				

Summary of Small Water System Experience							
Complete a separate page for Small Water System operating experience obtained with other Employers							
Name:	Employer:						
Facility Classification (circle one)	Class 1 Class 2 Class 3 Class 4						
Position:		Circle One:	Full Time Par	t Time Relief			
Small Water System Operational Experience							
Employment Dates		-	rs Breakdown				
From: (month/year)	To: (month/year)	Typical hours/ operating facil	ity	Typical days/week operating facility			
Describe below your resp		perating the small	water system facilit	y:			
Small Water System - T	reatment						
Small Water System - D	Distribution						
Verification by Supervisor							
I hereby certify with my signature that the operating experience described above is true and correct. I understand that any omissions or misrepresentations may result in ineligibility of the applicant or revocation of any certificate granted.							
Print name:		Position:					
Signature:		Date:					

Summary of Small Wastewater System Experience								
Complete a separate page for small wastewater system operating experience obtained with other Employers								
Name:	Name: Employer:							
Facility Classification (circle one):	Class 1	Class			Class 3		Class 4	
Position:			Circle	One: 1	Full Time	Part Time	Relief	
	Small Wastewater System Operational Experience							
Employment Dates			Days /	/ Hours	s Breakdow	'n		
From: (month/year)	To: (month/yea		operatir	l hours/d ng facilit	y	Typical days operating fac		
Describe below your respo		uties opera	ting the	small w	astewater fac	cility:		
Small Wastewater Syster	m - Treatment							
Small Wastewater System	m - Collection							

Verification by Supervisor						
I hereby certify with my signature that the operating experience described above is true and correct. I understand that any omissions or misrepresentations may result in ineligibility of the applicant or revocation of any certificate granted.						
Print name:	Position:					
Signature:	Date: Page 8					