



Water and Wastewater Utility Operator Class 1 Application

Applicant Contact Information

First Name	Middle Initial	Last Name		
Address	City / Town	Province	Postal Code	
Phone	Email Address			
Employer	Facility Name	Facility Classification		

Applying for (check all that apply):

- Class 1 Water Treatment Class 1 Water Distribution
 Class 1 Wastewater Treatment Class 1 Wastewater Collection

Part A - Education

Must provide **one of the following** (and attach proof to this application):

- Grade 12 official high school transcript; or
 Grade 12 GED equivalent; or
 Other approved equivalent (explain):

Part B - Exams

Must submit all exam marks that are applicable (and attach proof to this application):

- Class 1 Water Treatment Final Grade _____ %
 Class 1 Water Distribution Final Grade _____ %
 Class 1 Wastewater Treatment Final Grade _____ %
 Class 1 Wastewater Collection Final Grade _____ %

Part C - Application Fee

- Enclose a \$175.00 cheque or money order **or**
- I authorize the Operator Certification Board to charge my credit card \$175.00 for this application: VISA MasterCard American Express
- I am adding an upgrade to an existing certification so there is no charge

Card Holder Name

Mailing Address with Postal Code

Credit Card Number

Expiry Date (month/year)

Signature of Cardholder

Date

Email

Part D - Experience

Attach an experience sheet for each area of certification

I have one (1) year of experience in each of the areas of certification that I am applying:

- Water Treatment Water Distribution Wastewater Treatment Wastewater Collection

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

Application Checklist

Ensure to fully complete each section. Incomplete applications and/or applications that do not have all the required documentation attached will not be processed.

- Part A - Submit proof of education with this application
- Part B - Submit proof of exam marks with this application
- Part C - Application fee of \$175.00
- Part D - Submit Summary of Experience pages signed by a qualified supervisor
- Applicant has signed the application verifying all information is accurate

Summary of Class 1 Water Treatment Experience

Complete a separate page for each employer

Applicant Name:	Employer Name:
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Facility / Facilities Currently Operating (list all locations):

Facility Classification: Class 1 Class 2 Class 3 Class 4

Position:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief
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Employment Dates: From: _____ / _____ To: _____ / _____ <small style="margin-left: 20px;">(Month) (Year) (Month) (Year)</small> <b style="background-color: yellow; padding: 2px;">The word PRESENT or CURRENT will not be accepted as a valid employment date	If not full time please indicate typical hours & days per week: Hours/Day: _____ Days/Week: _____
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Water Treatment Operational Experience

Describe your responsibilities and duties in detail:

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.

Supervisor Name:	Position:
Supervisor Signature:	Date:

Summary of Class 1 Water Distribution Experience

Complete a separate page for each employer

Applicant Name: _____ Employer Name: _____

Facility / Facilities Currently Operating (list all locations): _____

Facility Classification: Class 1 Class 2 Class 3 Class 4

Position: _____ Full Time Part Time Relief

Employment Dates:
From: _____ / _____ To: _____ / _____
(Month) (Year) (Month) (Year)

If not full time please indicate typical hours & days per week:
Hours/Day: _____ Days/Week: _____

The word PRESENT or CURRENT will not be accepted as a valid employment date

Water Distribution Operational Experience

Describe your responsibilities and duties in detail:

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.

Supervisor Name: _____ Position: _____

Supervisor Signature: _____ Date: _____

Summary of Class 1 Wastewater Treatment Experience

Complete a separate page for each employer

Applicant Name:

Employer Name:

Facility / Facilities Currently Operating (list all locations):

Facility Classification: Class 1 Class 2 Class 3 Class 4

Position:

Full Time Part Time Relief

Employment Dates:

From: ____ / ____ To: ____ / ____
(Month) (Year) (Month) (Year)

**The word PRESENT or CURRENT will not be
accepted as a valid employment date**

If not full time please indicate typical hours & days per week:

Hours/Day: _____ Days/Week: _____

Wastewater Treatment Operational Experience

Describe your responsibilities and duties in detail:

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.

Supervisor Name:

Position:

Supervisor Signature:

Date:

Summary of Class 1 Wastewater Collection Experience

Complete a separate page for each employer

Applicant Name: _____

Employer Name: _____

Facility / Facilities Currently Operating (list all locations): _____

Facility Classification: Class 1 Class 2 Class 3 Class 4

Position: _____

Full Time Part Time Relief

Employment Dates:

From: _____ / _____ To: _____ / _____
 (Month) (Year) (Month) (Year)

If not full time please indicate typical hours & days per week:

The word PRESENT or CURRENT will not be accepted as a valid employment date

Hours/Day: _____ Days/Week: _____

Wastewater Collection Operational Experience

Describe your responsibilities and duties in detail:

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.

Supervisor Name: _____

Position: _____

Supervisor Signature: _____

Date: _____