

Water and Wastewater Utility Operator **Class 1 Application**

Applicant Contact Information				
First Name	Middle Initial	Last Nam	е	
Address	City / Town		Province	Postal Code
Phone	Email Addres	S		
Employer / Facility Name		F	acility Classifi	cation

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				
this application:	ertification A 🛛 Ma	order <u>or</u> Board to charge my credit card \$175.00 for sterCard		
Card Holder Name		Address & Postal Code		
Credit Card Number Expiry Date (m		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:			
Facility Classification: Class 1 Class 2 Class 3 Class 4			
Position:	□ Full Time □ Part Time □ Relief		
Employment Dates: From: /	If not full time please indicate typical hours & days per week: r) Hours/Day: Days/Week:		
Water Treatmer	nt 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 Classification: Class 1 Class 2 Class 3 Class 4			
Position:	□ Full Time □ Part Time □ Relief		
Employment Dates: From: / To: / (Month) (Year) (Month) (Yea	If not full time please indicate typical hours & days per week: n Hours/Day: Days/Week:		
Water Distribution	on 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 Classification: Class 1 Class 2 Class 3 Class 4				
Position:	□ Full Time □ Part Time □ Relief			
Employment Dates: From: / To: / (Month) (Year) (Month) (Yea	If not full time please indicate typical hours & days per week: r) Hours/Day: Days/Week:			
Wastewater Treatr	nent 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 Classification: Class 1 Class 2 Class 3 Class 4			
Position:	□ Full Time □ Part Time □ Relief		
Employment Dates: From: / (Month) (Year) (Month) (Year)	If not full time please indicate typical hours & days per week: r) Hours/Day: Days/Week:		
Wastewater Collec	ction 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:		