



Operator Certification Board

P.O. Box 32089

Regina, SK S4N 7L2

www.saskocb.ca

info@saskocb.ca

Phone: 306-789-3430 Fax: 306-789-3429

Water and Wastewater Utility Operator Class 2 Upgrade 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 2 Water Treatment Class 2 Water Distribution
 Class 2 Wastewater Treatment Class 2 Wastewater Collection

Current Certification

Current certification level held (check all that apply):

- Class 1 Water Treatment Class 1 Water Distribution
 Class 1 Wastewater Treatment Class 1 Wastewater Collection
 Not currently Class 1 certified – applying for more than one level at this time

Part A - Education

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

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

Part B - Exams

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

- Class 2 Water Treatment Final Grade _____%
- Class 2 Water Distribution Final Grade _____%
- Class 2 Wastewater Treatment Final Grade _____%
- Class 2 Wastewater Collection Final Grade _____%

Part C - Experience

Attach an experience sheet for each area of certification

Applicants in Class 2 are required to have three (3) years of experience; but may substitute for missing experience in a variety of ways. Please check which applies to this application:

- I have 3 years of experience; no substitution required
- or** I am substituting for missing experience

If substituting for missing experience please explain below (be specific):

Part D – Direct Responsible Charge (DRC)

Not required for Water Distribution or Wastewater Collection

Level 3 Water Treatment and Wastewater Treatment applicants are required to have 2 of their 4 years of operating experience as DRC in a Class 2 or Class 3 facility. Applicants who are short DRC experience may substitute for that missing experience in a variety of ways. Please check which applies to this application:

- No substitutions required
- Experience is in a Class 4 facility; no DRC is required
- I am substituting for missing DRC experience

If substituting for missing experience please explain below (be specific):

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 - Submit Summary of Experience pages signed by a qualified supervisor
- Applicant has signed the application verifying all information is accurate

Summary of Class 2 Water Treatment Experience

Complete a separate page for each employer

Applicant Name:	Employer Name:
-----------------	----------------

Facility / Facilities Currently Operating (list all locations):

Facility Classification: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
--

Position:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief
-----------	---

Employment Dates: From: _____ / _____ To: _____ / _____ <small>(Month) (Year) (Month) (Year)</small>	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 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 2 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

<p>Employment Dates: From: _____ / _____ To: _____ / _____ <small>(Month) (Year) (Month) (Year)</small></p> <p>The word <u>PRESENT</u> or <u>CURRENT</u> will not be accepted as a valid employment date</p>	<p>If not full time please indicate typical hours & days per week: Hours/Day: _____ Days/Week: _____</p>
--	---

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 2 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:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief
-----------	---

Employment Dates: From: _____ / _____ To: _____ / _____ <small>(Month) (Year) (Month) (Year)</small>	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 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 2 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)
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 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: _____