

Operator Certification Board

P.O. Box 32089 Regina, SK S4N 7L2 www.saskocb.ca

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Water and Wastewater Utility Operator Class 2 Upgrade Application

Applicant Contact Information					
First Name	Middle Initial	Last Na	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	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	r Treatment				
☐ 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 every marks that are applicable (and attach proof to this application):			
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):			
in case italing for this end of product explains select (see epecine).			
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 Charlet			
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 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:				
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 2 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) (Year)	If not full time please indicate typical hours & days per week: Hours/Day: Days/Week:				
Water Distribution	on Operational Experience				
Describe your responsibilities and duties	in detail:				
V 10					
Verificat	tion 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 Classification: Class 1 Class	ss 2			
Position:	☐ Full Time ☐ Part Time ☐ Relief			
Employment Dates: From: / To: / (Month) (Year)	If not full time please indicate typical hours & days per week: Hours/Day: Days/Week:			
	nent Operational Experience			
Describe your responsibilities and duties	in detail:			
	tion by Supervisor			
	the operating experience described above is true and or misrepresentations may result in ineligibility of the pranted.			
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 Classification: Class 1 Class 1	ss 2			
Position:	☐ Full Time ☐ Part Time ☐ Relief			
Employment Dates: From: / To: /	If not full time please indicate typical hours & days per week:			
(Month) (Year) (Month) (Yea	r) Hours/Day: Days/Week:			
Wastewater Collec	tion Operational Experience			
Describe your responsibilities and duties	in detail:			
Verification by Supervisor				
, , , , , , , , , , , , , , , , , , , ,	the operating experience described above is true and or misrepresentations may result in ineligibility of the paranted.			
Supervisor Name:	Position:			
Supervisor Signature:	Date:			