

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		Postal Code	
Phone	Email Address				
Employer / Facility Name	F		Fac	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					
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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			
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 substituting for missing experience please explain below (be specific).			
Part D – Direct Responsible Charge (DRC)			
Not required for Water Distribution or Wastewater Collection Level 2 Water Treatment and Wastewater Treatment applicants are required to have 2 of			
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.		
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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:			
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 Classification:	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 Treatr	ment 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 Classification: Class 1 Class	ss 2		
Position:	☐ Full Time ☐ Part Time ☐ Relief		
Employment Dates: From: / To: /			
(Month) (Year) (Month) (Yea	Hours/Day: Days/Week:		
Wastewater Collec	tion 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:		