

Operator Certification Board

Mail Room 3211 Albert St, Regina, SK S4S 5W6

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

Water and Wastewater Utility Operator Class 4 Upgrade Application

Applicant Contact Information				
First Name	Middle Initial	Last Name		
Address	City / Town		Province	Postal Code
Phone	Email Address			
Employer / Facility Name	1		Facility Classif	cation
Applying for (check all that apply):				
☐ Class 4 Water Treatment ☐ Class 4 Water Distribution				
☐ Class 4 Wastewater Treatment ☐ Class 4 Wastewater Collection			n	
Current Certification				
Current certification level held (check all that apply): Class 3 Water Treatment Class 3 Wastewater Treatment Class 3 Wastewater Collection Not currently Class 3 certified – applying for more than one level at this time				
Part A - Education				
Must meet the educational requirements in one of the following methods:				
☐ Obtained a minimum of 4 years post-secondary education in a related field				
Explain (and attach proof):				
 OR □ Substitute for missing post-secondary education in one of the following manners: □ 45 CEU's for each year of missing post-secondary education or □ 2 years of DRC in Class 3 or higher facility (maximum 2 year substitution) or □ Other (be specific): 				
Explain (and attach proof):				

Part B - Exams			
Must submit all exam marks that are applicable (and attach proof to this application):			
☐ Class 4 Water Treatment Final Grade%			
☐ Class 4 Water Distribution Final Grade%			
☐ Class 4 Wastewater Treatment Final Grade%			
☐ Class 4 Wastewater Collection Final Grade%			
Part C - Experience			
Attach an experience sheet for each area of certification			
Applicants in Class 4 are required to have four (4) years of operating experience; but may substitute for missing experience in a variety of ways. Please check which applies to this application:			
☐ I have 4 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 4 Water Treatment and Wastewater Treatment applicants are required to have 2 of			
their 4 years of operating experience as DRC in a Class 3 or higher 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			
☐ 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	
Applica	ntion Checklist	
	complete applications and/or applications that do not entation attached will not be processed.	
☐ Part A - Submit proof of educatio	on 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		
☐ Part D - Submit proof of DRC Ex	perience (if applicable)	
☐ Applicant has signed the applicant	tion verifying all information is accurate	

Summary of Class 4 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: If not full time please indicate typical hours & days per From: _____ / ____ To: ____ / ___ (Month) week: Hours/Day: _____ Days/Week: _____ **Water Treatment Operational Experience** Describe your responsibilities and duties in detail: Water Treatment Direct Responsible Charge Experience DRC Experience Dates (DRC only starts accumulating once an operator obtains Class 2 certification): From: ____ / ___ To: ___ / ___ (Month) (Year) Describe your DRC responsibilities and duties in detail: **Verification by Supervisor** I hereby certify with my signature that the operating / DRC 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 4 Water Distribution Experience Complete a separate page for each employer				
Applicant Name:	Employer Name:			
Facility Classification:	ss 2 Class 3 Class 4			
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:			
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 4 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: / (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:			
Wastewater Treatment Dir	ect Responsible Charge Experience			
PRC Experience Dates (DRC only starts acc From: / To: / (Month) (Year)				
Describe your DRC responsibilities and d	uties in detail:			
Verificat	ion by Supervisor			
	e operating / DRC experience described above is true ons or misrepresentations may result in ineligibility of the granted.			
Supervisor Name:	Position:			
Supervisor Signature:	Date:			

Summary of Class 4 Wastewater Collection Experience Complete a separate page for each employer				
Applicant Name:	Employer Name:			
Facility Classification: Class 1 Class 1	ss 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:			
Wastewater Collect	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:			