



Operator Certification Board  
P.O. Box 32089  
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www.saskocb.ca

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

## Water and Wastewater Utility Operator Small Systems 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):

- Small Systems Water                       Small Systems Wastewater

### Part A - Education

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

- Grade 10, or higher, official high school transcript; or  
 Grade 10 GED equivalent; or  
 Other approved equivalent (explain):  
\_\_\_\_\_

### Part B - Exams

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

- Small Systems Water                      Final Grade \_\_\_\_\_ %  
 Small Systems Wastewater                      Final Grade \_\_\_\_\_ %

### Part C – Continuing Education Units (CEUs)

I have at least 0.6 CEUs of applicable, approved training as listed below (attach certificates):  
\_\_\_\_\_

## Part D - Application Fee

- Enclose a \$175.00 cheque or money order or  
 I authorize the Operator Certification Board to charge my credit card \$175.00 for this application:     VISA     MasterCard     American Express

\_\_\_\_\_

Card Holder Name

\_\_\_\_\_

Address & Postal Code

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Expiry Date (month/year)

\_\_\_\_\_

Signature of Cardholder

\_\_\_\_\_

Date

\_\_\_\_\_

Email

## Part D - Experience

**Attach an experience sheet for each area of certification**

I have six (6) months of experience in each of the areas of certification that I am applying:

- Small Systems Water     Small Systems Wastewater

## 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 proof of 0.6 CEUs of credit  
 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 Small Systems Water 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)

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: \_\_\_\_\_

## Small Systems Water 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 Small Systems Wastewater Experience

**Complete a separate page for each employer**

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

## Small Systems Wastewater Operational Experience

Describe your responsibilities and duties in detail:

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## 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:
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Supervisor Signature:	Date:
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