

Operator Certification Board

Mail Room 3211 Albert St, Regina, SK S4S 5W6 www.saskocb.ca info@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 appl	y):	1			
☐ Small Systems Water	Small Systems Water Small Systems Wastewater				
Part A - Education					
☐ 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 applica	ble, approved t	raining as	listed below (at	tach certificates):	

Part D - Application Fee				
 ☐ Enclose a \$150.00 cheque or money order or ☐ I authorize the Operator Certification Board to charge my credit card \$150.00 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 wi	' '			
 □ 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 \$150.00				
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 Classification: □ SWS □ SWWS Position: ☐ Full Time □ Part Time □ Relief If not full time please indicate typical hours & days per **Employment Dates:** From: _____/ ____ To: _____/ ___ week: (Month) (Year) (Month) (Year) 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:				
Facility Classification: ☐ Class 1 ☐ Class 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:			
Small Systems Wastewater 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:			