



## Water and Wastewater Utility Operator Class 2 Upgrade Application

### Applicant Contact Information

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):

- 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

### 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

**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):

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## 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 Summary of Experience pages signed by a qualified supervisor
- Applicant has signed the application verifying all information is accurate



## 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:    **If not full time** please indicate typical hours & days per week:  
 From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
           (Month)      (Year)                          (Month)      (Year)    Hours/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_

## Water Distribution 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: _____
Supervisor Signature: _____	Date: _____



## Summary of Class 2 Wastewater Collection Experience

Complete a separate page for each employer

Applicant Name: _____	Employer Name: _____
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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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## Wastewater Collection 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: _____