



## Water and Wastewater Utility Operator Class 3 Upgrade 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):

- Class 3 Water Treatment                       Class 3 Water Distribution  
 Class 3 Wastewater Treatment               Class 3 Wastewater Collection

### Current Certification

Current certification level held (check all that apply):

- Class 2 Water Treatment                       Class 2 Water Distribution  
 Class 2 Wastewater Treatment               Class 2 Wastewater Collection  
 Not currently Level 2 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 2 years post-secondary education in a related field

Explain (and attach proof): \_\_\_\_\_

**OR**  Substitute for missing post-secondary education in the following manner:

Explain (and attach proof): \_\_\_\_\_

*Note – Operators may substitute 45 CEUs for 1 year of missing post-secondary education or 90 CEUs for 2 years of missing post-secondary education. Operators may also substitute 1 year of DRC in Class 2 or higher facility for 1 year of missing education (to a maximum of 1 year). Operators may use a combination of 1 year of DRC plus 45 CEUs for 2 years of missing post-secondary education.*

## Part B - Exams

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

- Class 3 Water Treatment Final Grade \_\_\_\_\_%
- Class 3 Water Distribution Final Grade \_\_\_\_\_%
- Class 3 Wastewater Treatment Final Grade \_\_\_\_\_%
- Class 3 Wastewater Collection Final Grade \_\_\_\_\_%

## Part C - Experience

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

Applicants in Class 3 are required to have four (4) years of 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):

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## Part D – Direct Responsible Charge (DRC)

**Not required for Water Distribution or Wastewater Collection**

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):

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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
- Part D – Submit proof of DRC experience (if applicable)
- Applicant has signed the application verifying all information is accurate

## Summary of Class 3 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 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)                    (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 3 Wastewater Collection 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: \_\_\_\_\_

## Wastewater Collection Operational Experience

Describe your responsibilities and duties in detail:


## Wastewater Collection Direct Responsible Charge Experience

DRC Experience Dates (DRC only starts accumulating once an operator obtains Class 2 certification):

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Describe your DRC 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: