



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		Facility Classification	

Applying for (check all that apply):

- Class 4 Water Treatment Class 4 Water Distribution
 Class 4 Wastewater Treatment Class 4 Wastewater Collection

Current Certification

Current certification level held (check all that apply):

- Class 3 Water Treatment Class 3 Water Distribution
 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

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 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:
 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 4 Water Distribution Experience

Complete a separate page for each employer

Applicant Name: _____	Employer Name: _____
Facility Classification: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
Position: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 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 Distribution Operational Experience

Describe your responsibilities and duties in detail:

Water Distribution 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: _____

Summary of Class 4 Wastewater 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: _____

Wastewater Treatment Operational Experience

Describe your responsibilities and duties in detail:

Wastewater 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 4 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: