



Operator Certification Board

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

Water and Wastewater Utility Operator Reciprocity Application

Applicant Contact Information

First Name	Middle Initial	Last Name		
Address	City / Town	Province	Postal Code	
Phone	Email Address			
Employer / Facility Name		Facility Classification		

I am currently certified with another certification authority

Yes _____ No _____ Certificate Number: _____

Attach a copy of your valid certificate from that authority

Have you ever had a Water or Wastewater Operator Certificate revoked or suspended in another jurisdiction? Yes _____ No _____

Applying for (check all that apply):

- Class _____ Water Treatment Class _____ Water Distribution
 Class _____ Wastewater Treatment Class _____ Wastewater Collection

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

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.

- Submit proof of certification from another authority
- Submit application fee of \$150.00
- Applicant has signed the application verifying all information is accurate