



Water and Wastewater Utility Operators Certification Application through Reciprocity

\$150.00 Application fee enclosed: Y/N Credit Card Authorization form on our website.
Applications & payment must be mailed, emailed or faxed to the office.

Drop off of documents will not be accepted

I am currently certified with another certification authority:

YES _____ NO _____ Certificate Number: _____

Attach a copy of your valid certificate from that authority

If you currently hold a valid certificate from another authority, you only need to complete pages 1 & 2 of this application and submit with your current certificate and application fee.

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

Applicant Contact Information

First Name		Middle Initial	Last Name	
Address		City / Town		Province
				Postal Code
Home Phone	Work Phone	Cell Phone	Fax Number	
Email Address:				
Employer / Facility Name			Facility Classification	

Certification Upgrade Request

Please circle the level for the category(s) you are requesting reciprocity certification in:

Category	Level			
Small Water System		X		
Small Wastewater System		X		
Water Treatment	1	2	3	4
Water Distribution	1	2	3	4
Wastewater Treatment	1	2	3	4
Wastewater Collection	1	2	3	4

Application Instructions & General Information

1. Under the Agreement on Internal Trade, all certificates will be issued at a comparable level to any person operating within a Saskatchewan Facility who holds a valid operator certification from any province or equivalent authority.
2. Applications through Reciprocity must be received by the deadline for the meeting date. All meeting dates are subject to change at the Board's discretion.
3. Enclose a copy of your certification exam results.
4. There is a non-refundable application fee of \$150.00 required.
5. Cheques should be made payable to the Operator Certification Board and mailed to the address listed above.
6. The applicant must sign the application and the applicant's supervisor must verify their operating experience and employment period.

Education / Related Courses and Certification Examinations

APPLICATIONS WILL NOT BE PROCESSED WITHOUT DOCUMENTATION OF EDUCATION

- The secondary education document must be submitted in the form of an official high school or GED transcript.
- If education concluded prior to 1971 or prior to grade 10, a signed affidavit or declaration can be submitted stating the last level of education achieved.
- Submit documentation of any post-secondary university, college or trade school programs completed.
- Include documentation of all courses, seminars and workshops approved by the Ministry of Environment related to water and wastewater operations.
- Submit a copy of your certification exam results.
- Documentation which has already been submitted is on file and does not need to be resubmitted.

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

Summary of Water Treatment Experience

Complete a separate page for water treatment operating experience obtained with another Employer

Name: _____ Employer: _____

Facility Classification Please circle:	Class 1	Class 2	Class 3	Class 4
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Position: _____ Supervisors Name: _____

Water Treatment Operational Experience

From: (month/year)	To: (month/year)	Typical hours/day operating facility	Typical days/week operating facility
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Describe your responsibilities and duties operating the water treatment facility:

Water Treatment Direct Responsible Charge Experience (DRC)

**Do not indicate DRC experience earned prior to your Level 2 certification.
DRC earned prior to Level 2 Operator certification is not applicable and will not be counted.**

From: (month/year)	To: (month/year)	Describe your DRC responsibilities at the facility:
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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.

Print name: _____ Position: _____

Signature: _____ Date: _____

Summary of Water Distribution Experience

Complete a separate page for water distribution operating experience obtained with another employer

Name: _____ Employer: _____

Facility Classification Please circle:	Class 1	Class 2	Class 3	Class 4
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Position: _____ Supervisors Name: _____

Water Distribution Operational Experience

From: (month/year)	To: (month/year)	Typical hours/day operating facility	Typical days/week operating facility
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Describe your responsibilities and duties operating the water distribution facility:

Water Distribution Direct Responsible Charge Experience (DRC)

**Do not indicate DRC experience earned prior to your Level 2 certification.
DRC earned prior to Level 2 Operator certification is not applicable and will not be counted.**

From: (month/year)	To: (month/year)	Describe below your DRC responsibilities at the facility
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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.

Print name: _____ Position: _____

Signature: _____ Date: _____

Signature: _____	Date: _____
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Summary of Wastewater Collection Experience

Complete a separate page for Wastewater Collection operating experience obtained with another Employer

Name: _____ Employer: _____

Facility Classification Please circle:	Class 1	Class 2	Class 3	Class 4
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Position: _____ Supervisors Name: _____

Wastewater Collection Operational Experience

From: (month/year)	To: (month/year)	Typical hours/day operating facility	Typical days/week operating facility
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Describe your responsibilities and duties operating the wastewater collection facility:

Wastewater Collection Direct Responsible Charge Experience (DRC)

**Do not indicate DRC experience earned prior to your Level 2 certification.
DRC earned prior to Level 2 Operator certification is not applicable and will not be counted.**

From: (month/year)	To: (month/year)	Describe your DRC responsibilities at the facility:
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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.

Print name: _____ Position: _____

Signature: _____ Date: _____

Summary of Small Water System Experience

Complete a separate page for Small Water System operating experience obtained with another Employer

Name: _____ Employer: _____

Facility Classification Please circle:	Class 1	Class 2	Class 3	Class 4
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Position: _____ Supervisors Name: _____

Small Water System Operational Experience

From: (month/year)	To: (month/year)	Typical hours/day operating facility	Typical days/week operating facility
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Describe your responsibilities and duties operating the small water system facility

Small Water System (Treatment):

Small Water System (Distribution):

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.

Print name: _____ Position: _____

Signature: _____ Date: _____

Summary of Small Wastewater System Experience

Complete a separate page for Wastewater Collection operating experience obtained with another Employer

Name: _____ Employer: _____

Facility Classification Please circle:	Class 1	Class 2	Class 3	Class 4
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Position: _____ Supervisors Name: _____

Small Wastewater System Operational Experience

From: (month/year)	To: (month/year)	Typical hours/day operating facility	Typical days/week operating facility
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Describe below your responsibilities and duties operating the small wastewater facility

Small Wastewater System - Treatment

Small Wastewater System - Collection

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.

Print name: _____ Position: _____

Signature: _____ Date: _____