

Operator Certification Board

Mail Room
3211 Albert St
Regina, SK S4S 5W6

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

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 of 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								
Have you ever had a Water or Wastewater Operator Certificate revoked or suspended in another jurisdiction? Yes No								
Applicant Contact Information								
First Name		Middle Initi	ial Last Name					
Address		City / Town	1		Province	Postal Code		
Home Phone	Work Phone		Cell Phone Fax Number			x Number		
Email Address:								
Employer / Facility Name Facility Classification								
Certification Upgrade Request								

Please circle the level for the category(s) you are requesting certification in. Category Level Small Water System X Small Wastewater System X Water Treatment 1 4 2 3 Water Distribution 1 4 Wastewater Treatment 2 3 4 Wastewater Collection 3

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 Employer	page for wate	er treatmen	t operating	experience obtained	l with another		
Name:			Employer	:			
Facility Classification Please circle:	Class 1	(Class 2	Class 3	Class 4		
Position:			Supervisor	rs Name:			
			_	al Experience			
	: (month/year)	Typical hours operating fac	ility	Typical days/we operating facilit			
Describe your responsib	oilities and duties	s operating th	e water treatr	nent facility:			
Water T	reatment Di	rect Resp	onsible Cl	harge Experience	e (DRC)		
Do not indicate DRC					not be counted		
DRC earned prior to From: (month/year)	To: (month/year			responsibilities at the f			
	-						
I handby contifu with			y Supervi		novo is two and		
I hereby certify with correct. I understan applicant or revocati	d that any omi	issions or m	nisrepresent				
Print name:	vi vi viij veit	uve grun	Position:				
Signature:			Date:				

	Summary of	Water D	istrib	ution Experie	nce	
Complete a separa	ate page for water	distribution	n_operat	ing experience obt	ained with another	
Name:			Employ	er:		
Facility Classification Please circle:	Class 1 Class 2 Class 3 Class 4					
Position:		5	Supervisors	Name:		
	Water Dist	ribution C	perati	onal Experience		
From: (month/year)	To: (month/year)	Typical hou operating fa	urs/day	Typical day operating fa	rs/week	
Describe your response	onsibilities and dut	ies operating	the water	er distribution facil	ty:	
Water	Distribution Di	rect Respo	onsible	Charge Experi	ence (DRC)	
Do not indicate Dl						
From: (month/year)	to Level 2 Opera	tor certifica	tion is n	ot applicable and	will not be counted.	
rioni: (month/year)	10. (month/year)	Describe be	low your	DRC responsibilities	at the facility	
	1					
	Ve	rification	by Sup	ervisor		
	and that any omis	sions or mis	sreprese		d above is true and It in ineligibility of the	
Print name:	auon of any cerui		Position	:		
Signature:			Date:			

Summary of Wastewater Treatment Experience								
Complete a separate another Employer	e page for Wastev	water Tro	eatment_o	peratin	g experienc	ce obtained with		
Name:			Employ	/er:				
Facility Classification (circle one)	Class 1	Cla	Class 2 Class 3		Class 4			
Position:	Sition: Supervisors Name:							
Wastewater Treatment Operational Experience								
From: (month/year)	To: (month/year)		ical hours/day Typical days/week cating facility operating facility			•		
Describe your responsi	bilities and duties o	•	•	ter treatr				
Wastewate	er Treatment D	irect R	esponsib	ole Cha	arge Expe	rience (DRC)		
Do not indicate DRO	C experience earn	ned prior	to your I	Level 2	certification	1.		
DRC earned prior to								
From: (month/year)	Γο: (month/year)	Describe	your DRC	responsi	bilities at the	e facility:		
	Van	ifi aa ti a	a ber Cerr	• • • • • • • • • • • • • • • • • • • •				
I hereby certify with			n by Sup			ve is true and correct. I		
understand that any o	missions or misre							
revocation of any cer Print name:	uncate granted.		Position	•				
Signature:			Date:					

Summary of Wastewater Collection Experience									
Complete a separate p Employer	page for Wastewate	er Collecti	on_operat	ting expe	erience obtai	ned with another			
Name:									
Facility Classification Please circle:	Class 1	Clas	ss 2	2 Class 3 Class 4					
Position:			Supervi	sors Nan	ne:				
Wastewater Collection Operational Experience									
From: (month/year)		Typical ho							
Describe your responsi		operating the		iter colle	operating faction facility:				
Describe your response		peruning in	- Waste Wa		etron raemity.				
Wastewate	er Collection D	irect Re	sponsib	ole Cha	arge Expe	rience (DRC)			
Do not indicate DRO	-	-	•						
From: (month/year)	o Level 2 Operato To: (month/year)				licable and nsibilities at t				
1 Tom. (month/year)	10. (month/year)	Descrit	c your Di	C Tespo	nsionnies at t	ine raemty.			
	Ver	rification	ı by Suj	perviso	or				
	nd that any omiss	sions or m	isrepres	-		d above is true and lt in ineligibility of the			
applicant or revocat Print name:	uon oi any certifi	cate gran	Position:						
Signature:			Date:						

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	Sur	nmary of Sm	all Water Sys	stem Experien	ice		
	ate p	age for Small Wa	ter System operat	ing experience ob	tained with another		
Employer Name:			Employer	•			
			Employer	•			
Facility Classificatio Please circle:							
				Class 4			
Position:			Supervis	sors Name:			
	\$		ystem Operatio	nal Experience			
From: (month/year)	To:		ypical hours/day perating facility				
Describe your respon	ı sibili				actificy		
Small Water System	n (Tr	eatment):					
Small Water Systen	n (Dis	stribution):					
•	`						
		Verifi	cation by Super	rvisor			
I hereby certify wo		• -			above is true and in ineligibility of the		
applicant or revoc	ation	n of any certificat					
Print name:			Position:				
Signature:			Date:				

Summary of Small Wastewater System Experience									
Complete a separate page for Wastewater Collection_operating experience obtained with									
Name: Employer:									
Name: Employer:									
Facility Classification	CI 1								
Please circle:	Class 1	Class 2	Class 2 Class 3		Class 4				
Position:		Supervisors Name:							
Sm	Small Wastewater System Operational Experience								
	(month/year) Ty	pical hours/day	<u> </u>	Typical day	/s/week				
Describe below your response	•	erating facility		operating fa	acility				
Small Wastewater System		es operating the	e sman waste	water_racinty					
Sman wastewater System	n - 11eaument								
Small Wastewater System	n - Collection								
	Verif	ication by S	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 Print name:	1 of any certificat	t e granted. Position	on.						
Tillit lidille.		1 031110	OII.						
Signature:		Date:							