



Water and Wastewater Utility Operator Small Systems 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):

- Small Systems Water Small Systems Wastewater

Part A - Education

Must provide **one of the following** (and attach proof to this application):

- Grade 10, or higher, official high school transcript; or
 Grade 10 GED equivalent; or
 Other approved equivalent (explain):

Part B - Exams

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

- Small Systems Water Final Grade _____ %
 Small Systems Wastewater Final Grade _____ %

Part C – Continuing Education Units (CEUs)

I have at least 0.6 CEUs of applicable, approved training as listed below (attach certificates):

Part D - 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

Part D - Experience

Attach an experience sheet for each area of certification

I have six (6) months of experience in each of the areas of certification that I am applying:

- Small Systems Water Small Systems Wastewater

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 proof of 0.6 CEUs of credit
- Part C - Application fee of \$150.00
- Part D - Submit Summary of Experience pages signed by a qualified supervisor
- Applicant has signed the application verifying all information is accurate

Summary of Small Systems Water Experience

Complete a separate page for each employer

Applicant Name: _____

Employer Name: _____

Facility Classification: SWS SWWS

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: _____

Small Systems Water Operational Experience

Describe your 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 Small Systems Wastewater 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: _____

Small Systems Wastewater Operational Experience

Describe your 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: