



For Official Use Only

Check \$ \_\_\_\_\_

Money Order \$ \_\_\_\_\_

ACH \$ \_\_\_\_\_

Dual?  Yes  No



GAVIN NEWSOM  
GOVERNOR



JARED BLUMENFELD  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

### CERTIFICATION APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

### USE THIS FORM ONLY FOR CERTIFICATION APPLICATIONS

#### I. CERTIFICATION GRADE AND FEES: (Check appropriate box)

GRADE I	GRADE II	GRADE III	GRADE IV	GRADE V
<input type="checkbox"/> \$125	<input type="checkbox"/> \$170	<input type="checkbox"/> \$225	<input type="checkbox"/> \$255	<input type="checkbox"/> \$255
<input type="checkbox"/> Dual* \$95	<input type="checkbox"/> Dual* \$125	<input type="checkbox"/> Dual* \$170	<input type="checkbox"/> Dual* \$190	<input type="checkbox"/> Dual* \$190

\*Dual Certificate Fee applies if the applicant holds a current and valid California Drinking Water Treatment or Distribution certificate.  
If paid on ACH/online check, write the reference/confirmation code#: \_\_\_\_\_

#### II. APPLICANT INFORMATION:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check box if your address has changed.

Telephone: Cell/Home: ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone: Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check box to receive public notices from the Wastewater Operator Certification Program.

Check all that apply: Are you currently or have you ever been a certified California Drinking Water Operator:

Treatment: Grade level: \_\_\_\_ Certificate #: \_\_\_\_\_ Exp: \_\_\_\_\_  Distribution: Grade level: \_\_\_\_ Certificate #: \_\_\_\_\_ Exp: \_\_\_\_\_

Are you currently a certified Wastewater Treatment Plant Operator in California?  YES  NO

If YES, Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Wastewater Treatment Plant (WWTP)/Employers Name: \_\_\_\_\_

WWTP/ Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

WWTP/Employer Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

#### OFFICE USE ONLY:

Total educational points: \_\_\_\_\_

Approved for grade: \_\_\_\_\_

Examination date: \_\_\_\_\_

Certification issue date: \_\_\_\_\_

Years of qualifying experience: \_\_\_\_\_

Certificate expiration date: \_\_\_\_\_

Chief Plant Operator's cert. exp. date: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**III. EDUCATION: You must meet the minimum educational requirements to qualify for certification as per §3685 in the Wastewater Regulations. Please see instructions for more information.**

Did you graduate from High School? Yes  No  If not, do you possess a GED or equivalent? Yes  No

If you answered yes and you haven't already done so, submit a copy of your high school diploma or GED.

Have you completed training coursework in math, wastewater, biology, chemistry, physics, or engineering? Yes  No

If you answered yes and you haven't already done so, submit a copy of the certificate of completion that has your name, the instructors name and signature, the course name, the course providers name and the number of hours of instruction.

Have you completed college or university coursework in math, wastewater, biology, chemistry, physics, or engineering? Yes  No

If you answered yes and you haven't already done so, submit a copy of your official college transcripts to verify your education.

**IV. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE: (You must provide a copy of your duty statement on official employer letterhead or signed by the Chief Plant Operator (CPO). Attach additional sheets if you currently work at more than one wastewater treatment plant.)**

From (M/D/YY)	To (M/D/YY)	Job Classification/ position title:	
Average number of hrs/wk in wastewater operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Mailing Address:		Name of Owner	
Street Address:		Telephone: ( )	Ext. _____
Job Duties:			
Do you also currently work in Drinking Water Treatment or Distribution? If so complete this section.		Treatment Cert # _____	Average number of hrs./wk in Water Treatment: _____
Name of Water System:		Distribution Cert# _____	Average number of hrs./wk. in Water Distribution: _____
		Address of System:	

**V. SIGNATURE OF CHIEF PLANT OPERATOR (CPO):**

As the undersigned operator, I hereby certify that I am the Chief Plant Operator of the above-named wastewater treatment plant, and that all facts and statements set forth in this section, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as well as the imposition of administrative civil liability.

Telephone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Print Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Original Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN **BLUE INK**.

**VI. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:**

(List each job separately. Attach additional sheets if necessary.)

From (M/D/YY)	To (M/D/YY)	Job Classification/position title:	
Average number of hrs/wk in wastewater operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Job Duties:		Average number of hrs./wk in Water Treatment: _____ Average number of hrs./wk. in Water Distribution: _____	
Mailing Address:		Name of Owner	
Street Address:			
CPO's Name:		Grade:	Telephone: ( ) _____ Ext. _____

**PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:**

(List each job separately. Attach additional sheets if necessary.)

From (M/D/YY)	To (M/D/YY)	Job Classification/position title:	
Average number of hrs/wk in wastewater operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Job Duties:			Average number of hrs./wk in Water Treatment: _____ Average number of hrs./wk. in Water Distribution: _____
Mailing Address:			Name of Owner
Street Address:			
CPO's Name:		Grade:	Telephone:

**PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:**

(List each job separately. Attach additional sheets if necessary.)

From (M/D/YY)	To (M/D/YY)	Job Classification/position title:	
Average number of hrs/wk in wastewater operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Job Duties:			Average number of hrs./wk in Water Treatment: _____ Average number of hrs./wk. in Water Distribution: _____
Mailing Address:			Name of Owner
Street Address:			
CPO's Name:		Grade:	Telephone:

**VII. PRIOR ACTIONS**

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

Yes  No

If YES, Explain:

**Do you elect to make the irrevocable choice to substitute 16 educational points for one year of experience (as per Section 3684 (3) of the California Code of Regulations, title 23, division 3, chapter 26 Operator Certification Regulations), if so please initial here \_\_\_\_\_**

**VIII. SIGNATURE OF APPLICANT**

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this certification application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for certification. I acknowledge that certification fees are non-refundable.

Print Name: \_\_\_\_\_ Original Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN **BLUE** INK.

## INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION APPLICATION

### I. CERTIFICATION GRADES AND FEES

Check the box of the grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to: "State Water Resources Control Board."

WWOCP can now accept online payments from checking/savings accounts to pay for application fees. Instructions are available on the Wastewater Operator Certification Home page ([http://www.waterboards.ca.gov/water\\_issues/programs/operator\\_certification/operator\\_certification.shtml](http://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml)) at the bottom of the page locate the Online Payments section. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

Dual Certificate Fee applies if the applicant holds a current and valid California Drinking Water Treatment or Distribution certificate.

### II. APPLICANT INFORMATION

Provide all of the requested information. Please notify the Wastewater Operator Certification Program (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your certification application. Note that if you are also a Drinking Water Treatment and/or a Drinking Water Distribution Certificate holder.

Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide the last four digits of your social security number. Failure to provide the requested information will result in denial of your certification application. The social security number will be used by the State solely for the purpose of identifying the certificate holder. Applicants have the right to inspect records containing personal information maintained by the State Water Board.

### III. EDUCATION AND TRAINING

**Unless previously provided to the WWOCP, you must attach documents verifying your education, including:**

- Copy of high school graduation diploma or high school equivalent certificate
- Copies of official or official college transcripts, or certificates of completion for coursework to verify completion of education requirements.
- Copies of all wastewater treatment, math, engineering, biology, chemistry, physics, or management courses that you have completed. **You will only be given credit for training courses that you have completed. You will not be given credit for courses that you are currently attending or are signed up to attend.** The WWOCP must review and approve all courses.
- Please refer to the Training Directory for additional information. The Training Directory can be found on the Wastewater Operator Certification Program home website, under the tab 'General Information,' and then 'Training Directory' or by using the link: [http://www.waterboards.ca.gov/water\\_issues/programs/operator\\_certification/docs/trngdir.pdf](http://www.waterboards.ca.gov/water_issues/programs/operator_certification/docs/trngdir.pdf).
- Applicants may **not** substitute experience for educational points.

### IV. & V. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You **MUST** provide a description of the duties performed at the WWTP either signed by the Chief Plant Operator (CPO) or listed the WWTP letterhead.

Provide your CPO's telephone number, grade level, and certificate number. Your application **MUST** include the CPO's **ORIGINAL** signature and date in blue ink.

### VI. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE

List all of your previous wastewater treatment plant experience. List each job separately. Attach additional sheets if necessary.

### VII. PRIOR ACTIONS

Check the box answering whether a certifying body or court, for any act as associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, has ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you.

If the answer is yes, you must provide an explanation. Attach additional sheets if necessary.

### VIII. SIGNATURE OF APPLICANT

The application submitted to the WWOCP **MUST** include your **ORIGINAL** signature and date in blue ink. Please make a copy of your complete application for your files. Mail the original completed application package and application fee to:

**Mailing Address:**  
State Water Resources Control Board  
Wastewater Operator Certification Program  
P.O. Box 944212  
Sacramento, CA 94244-2120

**Overnight Mailing Address:**  
State Water Resources Control Board  
Wastewater Operator Certification Program  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Direct any questions concerning this application to: (916) 341-5909 or [wwocertprogram@waterboards.ca.gov](mailto:wwocertprogram@waterboards.ca.gov).