EXPERIENCE INFORMATION SHEET FOR TREATMENT CERTIFICATION



Please Complete All Information for Each Position Held

Operator Name	,				,		Operator Number		
Employer Name Employer Add							Employer Telephon	e number	
Water System Name Wa		Water System Num	nber	Chief Plant Operator's Name			Treatment Facility Classification T1 T2 T3 T4 T5		
Position Title			From (M	io/Yr)	To (Mo/Yr)		nat Applies – Please S	See Definitions Below* Treatment operator	
Drinking Water Treatment Hours Worked per Week	Duties Descrip	ition							
Drinking Water Distribution Hours Per Week (N/A if none)	Duties Descrip	viion							
Wastewater Hours Per Week (N/A if none)	Duties Descrip	ition							
Admin or Other Hours Per Week (N/A if none)	Duties Descrip	ition							
Total Operator Hours Worked Per Week	set forth are	e true and correc	ct to the b	pest of	my knowledge	operator, I hereby ce e and belief. I unde ealth & Safety Code	erstand that any o	and statements missions or	
Superviso	or's signature		Superv	visor's pr	rinted name	Supervis	sor's operator number	Date	
Position Title	-		From (Mo	io/Yr)	To (Mo/Yr)	Please Check Box Th	nat Applies – Please S	See Definitions Below* Treatment operator	
Drinking Water Treatment Hours Worked per Week	Duties Descrip	ition							
Drinking Water Distribution Hours Per Week (N/A if none)	Duties Descrip	otion							
Wastewater Hours Per Week (N/A if none)	Duties Descrip	otion							
Admin or Other Hours Per Week									
(N/A if none)	Duties Descrip	otion							
(N/A if none) Total Operator Hours Worked Per Week	As the unde	ersigned supervise true and correc	ct to the b	pest of	my knowledge	operator, I hereby ce e and belief. I unde ealth & Safety Code	rstand that any o		

^{*}As per California SDWA Regulations 63750.25, 63750.70, and 63765-A — operators are defined as: Chief Operator — means the person who has overall responsibility for the day-to-day, hands on, operation of a water treatment facility. Shift Operator – means a person in direct charge of the operation of a water treatment facility for a specific period of the day.

EXPERIENCE INFORMATION SHEET FOR TREATMENT CERTIFICATION



Please Complete All Information for Each Position Held

Operator Name							Operator Number		
Employer Name	Employer Address			Employer Telepho	one number				
Water System Name Water		Water System Num	er System Number Chief Plant Opera			lame	Treatment Facility Classification T1 T2 T3 T4 T5		
Position Title			From (M	io/Yr)	To (Mo/Yr)	Please Check Box Th	hat Applies – Please ☐ Shift operator	See Definitions Below*	
Drinking Water Treatment Hours Worked per Week	Duties Descrip	Duties Description							
Drinking Water Distribution Hours Per Week (N/A if none)	Duties Descrip	otion							
Wastewater Hours Per Week (N/A if none)	Duties Descrip	otion							
Admin or Other Hours Per Week (N/A if none)	Duties Descrip	ption							
Total Operator Hours Worked Per Week	set forth are	re true and correc	ct to the b	est of	my knowledge	operator, I hereby co e and belief. I unde ealth & Safety Code	erstand that any	omissions or	
Superviso	or's signature		Superv	/isor's pri	rinted name	Supervis	sor's operator numb	er Date	
Position Title			From (Mo	o/Yr)	To (Mo/Yr)		hat Applies – Please	See Definitions Below*	
Drinking Water Treatment Hours Worked per Week	Duties Descrip	otion							
Drinking Water Distribution Hours Per Week (N/A if none)	Duties Descrip	otion							
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Admin or Other Hours Per Week (N/A if none)	Duties Descrip	ption							
Total Operator Hours Worked Per Week	set forth are	re true and correc				operator, I hereby co e and belief. I unde			
	IIIISIepiese	entations may res	sult in disc	cipline		ealth & Safety Code			

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