

EXPERIENCE INFORMATION SHEET FOR TREATMENT CERTIFICATION

Please Complete All Information for Each Position Held



Operator Name			Operator Number
Employer Name	Employer Address		Employer Telephone number ()
Water System Name	Water System Number	Chief Plant Operator's Name	Treatment Facility Classification <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> T5

Position Title	From (Mo/Yr)	To (Mo/Yr)	Please Check Box That Applies – Please See Definitions Below*
			<input type="checkbox"/> Chief operator <input type="checkbox"/> Shift operator <input type="checkbox"/> Treatment operator
Drinking Water Treatment Hours Worked per Week	Duties Description		
Drinking Water Distribution Hours Per Week (N/A if none)	Duties Description		
Wastewater Hours Per Week (N/A if none)	Duties Description		
Admin or Other Hours Per Week (N/A if none)	Duties Description		
Total Operator Hours Worked Per Week	As the undersigned supervisor of the above referenced operator, I hereby certify that all facts and statements set forth are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as per the Health & Safety Code section 106877.		
Supervisor's signature		Supervisor's printed name	Supervisor's operator number Date

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*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.

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