
State Water Resources Control Board

Drinking Water Operator Certification Program Reciprocity

The Board can grant certification through reciprocity to operators who hold a valid Water Treatment or Distribution certificate issued by another state. Reciprocity is offered for Grades 1 through 3 for both Water Treatment and Distribution.

In order to receive certification through reciprocity you must submit the following items.

1. The reciprocity application completely filled out and signed.
2. The application fee payable to **SWRCB/DWOCP**. Fees are listed on the application
3. A copy of the Water Treatment or Distribution certificate from another state
4. Copies of certificates of completion for any Water Treatment or Distribution courses you attended that are at least 36 contact hours long.
5. For Grade 3 certification you must provide: a copy of the utility organization chart which notes the employee names and position titles and a copy of the utility's official job description (for the position you hold/held) outlining duties performed.

The Board will compare your education and experience to that required for certification as a Water Treatment or Distribution operator in California to make a determination. If your education and experience is equitable to the California requirements, you will receive certification. Be sure to fill out the application completely.



State Water Resources Control Board

APPLICATION FOR RECIPROCITY

Operator Number:		Comments	Date Received
App. OK	Qualified for		
Experience	Education		

DO NOT WRITE ABOVE THIS LINE

1. PERSONAL INFORMATION

Last Name	First Name	MI	Suffix	Date of Birth (mm/dd/yyyy)	Last 4-digits of SSN
Mailing Address (number, street)				City	State ZIP Code
Work Phone	ext.	Alternate Phone: Home () or Cell ()		E-mail Address	
Are you currently certified by the State of California as a potable water treatment or water distribution operator ?				Operator Number	Grade Issue Date
<input type="checkbox"/> Yes <input type="checkbox"/> No					

2. CURRENT CERTIFICATION

In what state are you currently certified?	Certificate Number	Expiration Date
How many levels of certification are defined in the state you are certified?	At what level are you certified?	
Were you required to pass a written exam in order to be certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive certification through reciprocity for this certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In order to verify your current certification status, we must contact the certification officer in your state. Please provide contact information.	Name	
	Phone	
	Email	

3. CALIFORNIA CERTIFICATION REQUEST

What certification level are you applying for in California? (Please select only one)

Water Treatment Operator Grade 1 Grade 2 Grade3

Water Distribution Operator Grade 1 Grade 2 Grade3

The certification unit will compare your education and experience to the minimum qualifications required by California operators to determine if you qualify for that level. Review minimum qualifications before submitting this application.

Certification Fees		
Grade 1 = \$70	Grade 2 = \$80	Grade 3 = \$120

Please note that all fees are NON-REFUNDABLE.

4. EDUCATION

High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Date of Graduation	Name and Location of High School
College Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation	Name and Location of College
Major/Degree		

SPECIALIZED TRAINING

You must attach legible copies of transcripts or certificates of completion (noting number of hours completed) as proof of course work. Please include only courses with 36 contact hours or more.

Course Title	Units/Hours	Date Completed
Instructor	College or School	
Course Title	Units/Hours	
Instructor	College or School	Date Completed

5. EXPERIENCE - GRADE 3

Experience credit is given for **hands-on work** performed as a **certified drinking water treatment or distribution operator** in a potable treatment plant or drinking water distribution system. The water you treated must be distributed from the treatment plant to the public for consumption.

List current employment first. Give a detailed description of your operator experience. You must specify the average number of hours per week spent in the operation of potable water treatment equipment.

Attach a **utility organization chart** listing names, titles, and duty statement(s) for each timeframe.

**IF ADDITIONAL SPACE IS NEEDED TO LIST YOUR EXPERIENCE,
PLEASE MAKE A COPY OF THIS PAGE, COMPLETE, AND ATTACH TO YOUR APPLICATION.**

From	Employer's Name and Address	
To	Plant Description	
Hours per week spent on WT or WD duties	Population served by treated water or MGD produced	
Position Title		
Job Description		
I certify that to the best of my knowledge, the information provided above by the applicant is true and correct.		
Supervisor's Signature	Operator Number	Date
Printed Name	Title	Telephone Number

From	Employer's Name and Address	
To	Plant Description	
Hours per week spent on WT or WD duties	Population served by treated water or MGD produced	
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Job Description		
I certify that to the best of my knowledge, the information provided above by the applicant is true and correct.		
Supervisor's Signature	Operator Number	Date
Printed Name	Title	Telephone Number

6. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentation may result in ineligibility for the certification applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

Signature _____ Date _____

PRIVACY ACT DISCLOSURE

This information is required by the State Water Resources Control Board, Drinking Water Operator Certification Program. The authority for maintaining the requested information is the California Code of Regulations, Title 22. All information requested on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for certification. The information provided is used to evaluate the applicant's eligibility for certification as a drinking water treatment operator or distribution operator. No transfers of this information are anticipated. For more information, or access to your records, contact the Drinking Water Operator Certification Program, P.O. Box 944212, Sacramento, CA 94244-2120. Telephone number is (916) 449-5611.

Please attach the fee in the form of check or money order made out to **SWRCB/DWOCP** along with a photocopy of your current certification and mail it to:

State Water Resources Control Board
 Drinking Water Operator Certification Program
 P.O. Box 944212
 Sacramento, CA 94244-2120

If you have any questions, please call 916-319-9063 or email Jon.Strutzel@waterboards.ca.gov.

Find more information on our website,
www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.html.