



# State Water Resources Control Board

# OPERATOR-IN-TRAINING APPLICATION FOR WASTEWATER TREATMENT PLANTS USE THIS FORM ONLY FOR OPERATOR-IN-TRAINING (OIT) APPLICATIONS

I. OIT CERTIFICATION GRADE AND FEES: Check the appropriate box to indicate which Grade Level you are applying for.

OIT I		OIT II		OIT III		OIT IV		OIT V		
	\$228		\$311		\$410		\$464		\$464	
	<b>Dual \$173</b>		Dual \$228		Dual \$311		Dual \$347		Dual \$347	
Water	Distribution	on Certifica	ate issued	by the Ca	lifornia Sta	te Wate	Water Treat Board.			
II.			RMATION:		рауптетт,	write the	recicion	coαc #		
					Middle:					
Mailir	ng Addres	s:			Apt. #:		City:		<del></del>	
Cour	nty:			State:			Zip:			
Check box if your address has changed Telephone: Cell/Home:								Extension	on:	
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	Check be	ox to rece	ive public r	notices fro	m the Was	tewater	Operator Ce	ertification	Program	
			1	OFFICE L	JSE ONLY					
otal educa	ational points	S:			Approved	Approved/ Denied for grade:				
xaminatio				Certificat	Certification issue date:					
PO's cert	exp. date:_				Certificat	Certificate expiration date:				
Signature o	f reviewer:_		Dat	te:	\$	\$ Check, Money Order, ACH/CC Payment				

	Check the box if you currently or have you ever been a certified California Drinking Water Operator?									
III.	EDUCATION AND TRAINING:									
		nimum educational ı ns. Please see inst		qualify for certification as per §3687, in the information.						
•	•	•		GED or equivalent?						
Have y engine	•	raining coursework	in math, wastev	vater, biology, chemistry, physics, or Yes No						
comple	etion that has yo	•	ictors name and	omit a copy of the certificate of signature, the course						
Have y	ou completed o	college or university	coursework in m	nath, wastewater, biology, chemistry,						
physic	physics, or engineering?									
•	answered yes a ripts to verify yo	•	ady done so, sub	omit a copy of your official college						
You m letterhe at more	ust complete all o	y the Chief Plant O water treatment pla	ovide a copy of y perator (CPO). A	T EXPERIENCE  Tour duty statement on official employer  Stach additional sheets if you plan to work  Shat OIT's cannot work in operations until						
From To P		Proposed Job Cla	Proposed Job Classification/position title:							
Average nu in operation	imber of hrs/wk	Name of Wastewater Treatment Plant:		Name of contract operator (if applicable):						
Mailing A	ddress:			Name of owner:						
Street Add	dress:									
REQUIRED As the understanding the control of the co	D SIGNATURE ersigned operat rent wastewate	OF CHIEF PLANT	OPERATOR (CF hat I am the Chie nd that all facts ar	of Plant Operator of the above- nd statements set for thin this						
	e:	_	_	Certification Number:						
Print Name		Original		Date:						

(List each job separately. Attach additional sheets if necessary.) Job Classification/position title: From: To Average number of hrs/wk Name of Wastewater Treatment Name of contract operator (if in operations: applicable): Plant: Name of owner: Mailing Address: Street Address: Ext. CPO's Name: Grade: Telephone: Job Duties: VI. **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: VII. SIGNATURE OF APPLICANT: As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this Operator-in-Training (OIT) 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 OIT certification. I acknowledge that OIT Certification fees are non-refundable. Print Name: Original Signature: Date:

APPLICANT'S PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:

V.

PLEASE SIGN IN BLUE INK.

# INSTRUCTIONS OPERATOR-IN-TRAINING 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 accept electronic payments as Automated Clearing House (ACH) debit payments from checking/savings accounts or from credit cards to pay for application fees. Instructions are available on the <a href="Waterboards payment website">Waterboards payment website</a>. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

Dual-OIT fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate. In order to qualify for an OIT-II or higher, the applicant must have taken and passed that grade level of exam within the last four years.

#### 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 OIT certification application.

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 the OIT certification application. The last four digits of 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 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.
- Applicants may **not** substitute experience for educational points.

Please refer to the <u>Training Directory</u> for additional information. Applicants may not substitute experience for educational points.

#### IV. PROPOSED WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work or at which you will work after you receive your OIT certificate. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You MUST provide a copy of your duty statement on official letterhead or signed by the Chief Plant Operator (CPO).

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

# V. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE

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

## VI. PRIOR ACTIONS

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

#### VII. 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 to:

## **Mailing Address**

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

# **Overnight Mailing Address**

State Water Resources Control Board Wastewater Operator Certification 1001 "I" Street, 17<sup>th</sup> Floor Sacramento, CA 95814

Direct any questions concerning this application to: (916) 341-5819 or to the wastewater operator certification program's email: wwopcertprogram@waterboards.ca.gov.