

**SIGNATURE PAGE & AFFIDAVIT OF CURRENT  
(OR LAST) WASTEWATER OPERATOR WORK  
EXPERIENCE**

This information is used by Ecology to verify qualifying experience as a wastewater treatment plant operator. Information provided must represent the actual day to day work experience the applicant has in the operation and maintenance of a wastewater treatment plant, paid or unpaid. Complete one affidavit of employment form for each employer to equal minimum experience requirement for certification level for which you are applying. Regardless of your work experience **you must sign this page.**

This affidavit certifies that \_\_\_\_\_ has gained  
Applicant Name/Certification Number

domestic wastewater treatment plant operating experience as a \_\_\_\_\_  
Position Title (Operator, Assistant, Intern, Trainee)

from \_\_\_\_\_ to \_\_\_\_\_ for the following domestic wastewater treatment facility:  
month/year month/year

\_\_\_\_\_  
Name of Wastewater Treatment Facility      Class of Plant      Treatment Type      Design Flow MGD

This individual is/was  **employed full-time**  **employed part-time**  **a volunteer full-time**  
 **a volunteer part-time**  **a seasonal employee** – from \_\_\_\_\_ to \_\_\_\_\_  
(include separate affidavit for each seasonal position)      month/year      month/year

The work schedule for this position is \_\_\_\_\_ hours a day \_\_\_\_\_ days a week.

Describe the operational tasks and duties this individual **routinely** performs **on-site** at the wastewater treatment plant, that affect plant performance or effluent quality (attach work description showing wastewater tasks and duties): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that all information contained in this application and any attachments is true and correct. I understand that willful omissions or knowingly making a false statement may result in refusal to issue a certificate or revocation of any certificate granted. I consent to an investigation of my employment records and other statements to verify my qualifications for certification.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Operator in Charge Statement**

**I certify that this information contains no willful misrepresentation or falsifications and that this affidavit and any attachment accurately represent the work experience of the above named applicant.**

\_\_\_\_\_  
Operator in Charge Signature

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date