



# Instructions For Domestic Wastewater Treatment Plant Operator Certification Application

Before you complete this application, review the minimum education and experience requirements for the level of certification you're applying for. You can find those requirements in Washington Administrative Code (WAC) 173-230, "Certification of Operators of Wastewater Treatment Plants."

## General Instructions

- ✓ Type or clearly print, using ink.
- ✓ Submit a fully completed application.
  - Include your email address for exam notification. If you don't have an email address, AMP will mail the exam notification to you.
  - Ecology will return incomplete applications for completion.
- ✓ Describe—in detail—your domestic wastewater treatment plant operating experience.
  - Keep in mind the definition of operating experience: "The routine performance of duties, on site at a wastewater treatment plant."
- ✓ Include transcripts or copies of certificates for education requirements.
  - Unofficial transcripts are acceptable.
- ✓ Complete an Affidavit of Employment form for each employer and be sure to include operator and operator in charge signatures.
  - Sign and date the affidavit of employment even if you don't have operating experience.
  - We recommend attaching documentation of your domestic wastewater operating experience. Ecology may ask your employer to provide documentation of your experience.
- ✓ If applying for reciprocity, include a copy of your current certificate and, if applicable, validation card with your completed application.
- ✓ Copy completed application for your records.
- ✓ Mail your completed application along with a \$50 check or money order, payable to Department of Ecology, to:

Department of Ecology  
Cashiering Unit  
P.O. Box 47611  
Olympia, WA 98504-7611

- ✓ Allow the OpCert program 6 weeks to process your application.

(further instructions on reverse)

## Fees

**Application Fee:** \$50 for wastewater exam; upgrade from Operator in Training to Group I; reciprocity; and temporary certification.

- You must submit the application fee with your completed application. If the fee does not accompany your application it will delay the review process.
- Washington State does not accept credit cards. Submit all fees by check or money order and make payable to Department of Ecology.

**Exam Fee:** \$26 for Association of Boards of Certification exam.

- Credit card, company check, or money order paid to Applied Measurement Professionals at time of registration.

**Testing Service Fee:** \$59 OIT, Group I, and Group II exams; \$76 Group III and Group IV exams.

- Credit card, company check, or money order paid to Applied Measurement Professionals at time of registration.

If you have any questions or need further assistance, please contact Poppy Carre at 360-407-6449 or toll free in Washington at 1-800-633-6193 or email [poca@ecy.wa.gov](mailto:poca@ecy.wa.gov), or contact Melinda Wilson at 360-407-6889 or email [mewi461@ecy.wa.gov](mailto:mewi461@ecy.wa.gov), or visit the Wastewater Operator Certification Website:

[http://www.ecy.wa.gov/programs/wq/wastewater/op\\_cert/index.html](http://www.ecy.wa.gov/programs/wq/wastewater/op_cert/index.html)

*To ask about the availability of this document in a version for the visually impaired call the Water Quality Program at 360-407-6401. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*



# DOMESTIC WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION APPLICATION

Return Application and \$50  
check or money order to:

Department of Ecology  
Cashiering Unit  
PO Box 47611  
Olympia WA 98504-7611

## Applicant Information

Name  Mr.  Ms. \_\_\_\_\_  
First Middle Initial Last

Mailing Address \_\_\_\_\_

City State Zip

Employer Home Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

E-mail Cell Phone \_\_\_\_\_

Employer Fax Employer Phone ext: \_\_\_\_\_

Operator in Charge  Mr.  Ms. \_\_\_\_\_  
Name First Last

Office Phone ext: Cell Phone \_\_\_\_\_

## Application Information

Check all statements that are relevant to this application

I am applying for  Operator in Training  Group I  Group II  Group III  Group IV

My mailing address has changed.

My employer has changed.

I am/have been a certified wastewater treatment plant operator in Washington.

Certification Number \_\_\_\_\_

This is an application for an upgrade from OIT certification to Group I certification.

I am not a certified wastewater treatment plant operator in Washington.

This is an application for reciprocity.

This is an application for temporary certification per WAC 173-230-050(2)(c).

I require disability accommodation during testing.

I need a copy of my receipt.

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## Education

Training and education on application will not be used toward minimum requirements without documented proof. Attach sufficient proof of education and training, if not already on file with Ecology. Acceptable documents are official or unofficial transcripts and training certificates.

### High School/GED

Name and location of high school attended \_\_\_\_\_

Did you graduate?  Yes  No                      Graduation Date \_\_\_\_\_

Did you earn a GED?  Yes  No                      GED School Name \_\_\_\_\_

GED Date \_\_\_\_\_                      Last Grade Completed:  6  7  8  9  10  11  12

### Post-High School Training

School	Location	Major	Credits Semester/Quarter	Certificate or Degree/Year received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Continuing Education

Subject	Location	Date Attended	Classroom Hours	CEUs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credits: Semester Hours \_\_\_\_\_ Quarter Hours \_\_\_\_\_ CEUs \_\_\_\_\_

## Domestic Wastewater Operating Experience

Describe your wastewater operational duties and responsibilities for all **domestic** wastewater employers. Unless you have no domestic wastewater operating experience fill out this section – even if you have submitted an application before.

Most Recent Experience		Job Title _____	Avg. hours/week _____		
		Percent of time worked: WW Treatment _____ WW O&M _____ WW Lab _____			
		WW Collections _____ Industrial WW _____ Drinking Water _____ Other _____			
From:		Duties/Responsibilities (include lab work) _____			
_____	_____	_____			
Month	Year	_____			
To:		Treatment Type _____ Flow (MGD) _____ Plant Class _____			
_____	_____	Employer _____			
Month	Year	Mailing Address _____			
		Operator in Charge _____ Phone _____			

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Previous Experience		Job Title _____	Avg. hours/week _____		
		Percent of time worked: WW Treatment _____ WW O&M _____ WW Lab _____			
		WW Collections _____ Industrial WW _____ Drinking Water _____ Other _____			
From:		Duties/Responsibilities (include lab work) _____			
_____	_____	_____			
Month	Year	_____			
To:		Treatment Type _____ Flow (MGD) _____ Plant Class _____			
_____	_____	Employer _____			
Month	Year	Mailing Address _____			
		Operator in Charge _____ Phone _____			

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Previous Experience		Job Title _____	Avg. hours/week _____		
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From:		Duties/Responsibilities (include lab work) _____			
_____	_____	_____			
Month	Year	_____			
To:		Treatment Type _____ Flow (MGD) _____ Plant Class _____			
_____	_____	Employer _____			
Month	Year	Mailing Address _____			
		Operator in Charge _____ Phone _____			

## Relevant Experience

Such as: Collections, Industrial Wastewater, and Drinking Water

Most Recent  
Experience

Job Title \_\_\_\_\_ Avg. hours/week \_\_\_\_\_

From:

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_  
Month Year

To:

Employer \_\_\_\_\_

\_\_\_\_\_  
Month Year

Mailing Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

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Previous  
Experience

Job Title \_\_\_\_\_ Avg. hours/week \_\_\_\_\_

From:

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_  
Month Year

To:

Employer \_\_\_\_\_

\_\_\_\_\_  
Month Year

Mailing Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

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Previous  
Experience

Job Title \_\_\_\_\_ Avg. hours/week \_\_\_\_\_

From:

Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_  
Month Year

To:

Employer \_\_\_\_\_

\_\_\_\_\_  
Month Year

Mailing Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

## Reciprocity Applicants

Please attach a copy of your current certificate and, if applicable, validation card.

State/Province \_\_\_\_\_ Certification level \_\_\_\_\_ Expiration date \_\_\_\_\_

Certifying Authority Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**DO NOT LEAVE ANY PART OF THIS AFFIDAVIT BLANK.** The 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 you are applying for.

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.

Briefly describe the operational tasks and duties this individual **routinely** performs **on-site** at the wastewater treatment facility, 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