

Application for Water and Wastewater Certification

Failure to properly complete this application may be reason for disapproval.

EXAMINATION DATE: _____
(Month) (Day) (Year)

1. Biographical Information

Core Person ID* or last 4 digits of your SS# _____

Print Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Number) (Street)

(City) (State) (Zip)

() _____ () _____
(Home Phone) (Business Phone)

(County)

2. Examination Being Applied for Application Fee: \$45.00 (Non-refundable)

Circle Only One

Water Supply	A	I	II	III
Water Distribution		I	II	
Wastewater Treatment	A	I	II	III
Wastewater Collection		I	II	

All statements in this application are made under oath and are subject to investigation by Ohio EPA. All applications and fees must be received by Ohio EPA 90 days before the examination. All checks and money orders must be made payable to Treasurer, State of Ohio. All fees are non-refundable. All applications shall be typed or printed legibly in ink and mailed to Ohio EPA, Office of Fiscal Administration, P.O. Box 1049, Columbus, Ohio 43216-1049. Failure to complete all sections may cause this application to be disapproved. Applicant's qualifications will be determined from this application. Failure to send this application to the address listed above will be reason for disapproval.

FOR AGENCY USE ONLY Postmark Date: _____

Check No. _____	Check I.D. _____
Check Date _____	Revenue I.D. _____
Date Received _____	Amount \$ _____
Needed _____	Accepted _____
Rejected _____	
Total _____	

2009	Exam Dates	Application Deadline
Wastewater	May 12	February 11
Water	May 13	February 12
Wastewater	November 4	August 6
Water	November 5	August 7

3. Education

a) High School graduate or GED: yes no
 b) College graduate: yes no
 If no, number of years completed: _____
 If yes, BA BS Associate Degree
 Major: _____
 Name of College: _____

Attach copy of college transcript or diploma declaring your major.

4. Training

A list of approved training courses which can be substituted for experience credit at the class II and III level can be found on the Examination Announcement.

Training will NOT be substituted for months of experience unless the course completion certificate is attached.

5. Background

Have you ever been convicted of, or plead guilty to, a criminal charge of falsification, fraud or terrorism? ___Yes ___No

Have you ever had any Ohio operator certifications revoked or do you have a certification under suspension? ___Yes ___No

Have you had a certificate revoked or currently suspended in any other state? ___Yes ___No

6. Valid Ohio Certificates You Currently Hold

Circle Correct Class

Water Supply	LA	A	I	II	III	IV
Water Distribution			I	II		
Wastewater Treatment	LWA	A	I	II	III	IV
Wastewater Collection			I	II		

* Core Person ID is the middle seven digits of your certification number.

Oath

THIS APPLICATION WILL NOT BE ACCEPTED IF OATH IS OMITTED

I, the undersigned, do solemnly swear that I am the applicant; that all statements made and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and that I understand any omissions or misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted. I also consent to a thorough investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.

Signature of Applicant: _____

All drinking water applications must include a completed Declaration of Material Assistance (DMA) form. Forms may be obtained on the operator certification Web site: <http://www.epa.state.oh.us/ddagw/opcert.html> or by calling 1-866-411-OPCT (6728). Failure to submit a completed DMA shall result in denial of the application.

Supervisor Information (print)

Current Supervisor: _____
 Certification No.: _____
 Title: _____
 Address: _____
 Bus. Phone: _____

I certify that the statements on this application are true to the best of my knowledge and belief based on my supervision of the applicant.

Supervisor
 Signature: _____

Date: _____

Basic Duties and Responsibilities

Name _____

- List employment **in detail**, but ONLY the work which applies to the examination for which you are applying. **Attach additional copies of this page if necessary.**
Wastewater experience includes treatment and collection. Water experience includes treatment and distribution and must be obtained at a public water system.
- **Failure to thoroughly describe water or wastewater duties may be reason for disapproval.**
- Please list changes in employment (e.g.job title, percent of time, duties, etc.) as separate employment events to ensure a more accurate evaluation of your employment and experience.

Current Employment Dates		Experience Time*	Percent of Time on Wastewater Duties	Percent of Time on Water Duties
From Month/Day/Year	To Month/Day/Year			
Your Title	Employer Name		Employer Address	
	Public Water System ID# (if applicable)			
Duties				
Prior Employment Dates		Experience Time*	Percent of Time on Wastewater Duties	Percent of Time on Water Duties
From Month/Day/Year	To Month/Day/Year			
Your Title	Employer Name		Employer Address	
	Public Water System ID# (if applicable)			
Duties				

* If you are a full-time employee, record time in months. If you are a part-time employee, record your experience time in hours.