



Reciprocity Application Instructions

Waterworks Operator Certification Program

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION FORM

1. A certificate of competency may be issued, without taking the exam, if the applicant holds a valid Waterworks Operator Certification issued under the laws of any other state provided:
 - The out-of-state education, operating experience, and professional growth requirements are equal to, or more stringent than the provisions of Waterworks Operator Certification Chapter 246-292 WAC.
 - The applicant passed the appropriate Association of Boards of Certification (ABC) written exam with the equivalent passing score.
 - The applicant submits proof of a valid waterworks certification.
2. A current, original reciprocity application form must be submitted. **Copies, electronic documents, faxes, or previous certification applications won't be accepted and will be returned.**
3. Applications must be complete and must include all necessary documentation and signatures. The application must be typed or completed in ink by the applicant. **Incomplete applications will be returned for completion and resubmittal.**
4. Reciprocity application fee is \$177.00.
5. Purchase orders, vouchers, and credit cards *won't* be accepted for payment of fees.
6. The application fee **must** accompany the application. *Please make your check payable to the Department of Health (DOH).*
7. The application fee **is non-refundable** or transferable.
8. Mail the application and fee to:

Waterworks Operator Certification Program
PO Box 1099
Olympia, Washington 98507-1099
9. If you have questions, please call the Certification Program at (360) 236-3141 or toll free 1-800-525-2536.
10. The application is for use by the Certification Program, and all statements in the application are subject to investigation.
11. You may make copies of the blank work history pages and blank affidavit forms as needed.
12. You can also get current training schedules and publications on our Web site:
www.doh.wa.gov/ehp/dw





RECIPROCITY APPLICATION FORM

Waterworks Operator Certification Program

APPLICANT'S NAME: _____

FOR OFFICE USE ONLY

Reciprocity Granted: _____
 Through State of: _____
 Validation Date: _____
 Validation No.: _____
 Comments: _____

Check the classification(s) and level(s) of certification for which you are requesting reciprocity.

CLASSIFICATIONS	LEVELS			
	1	2	3	4
WATER DISTRIBUTION MANAGER (WDM)				
WATER TREATMENT PLANT OPERATOR (WTPO)				
WATER DISTRIBUTION SPECIALIST (WDS)				

PERSONAL HISTORY (PLEASE PRINT IN INK OR TYPE)

MR.

1. NAME: MS. _____

(Last)
(First)
(Middle)

2. HOME MAILING ADDRESS: _____
(Street)

(City)
(State)
(Zip)

3. HOME TELEPHONE: (_____) _____
Area Code

4. E-MAIL ADDRESS (Optional): _____

5. CELL TELEPHONE (Optional): (_____) _____
Area Code

6. BUSINESS TELEPHONE: (_____)
(Area Code) Extension

7. PRESENT WATERWORKS EMPLOYER: _____

8. EMPLOYER MAILING ADDRESS: _____
(Street)

(City) (State) (Zip)

9. SYSTEM'S WATER FACILITY INVENTORY (WFI) ID #: _____

10. PRIVATE EMPLOYER: _____

11. PRIVATE EMPLOYER'S MAILING ADDRESS: _____
(Street)

(City) (State) (Zip)

12. SOCIAL SECURITY #: _____

13. ARE YOU CURRENTLY CERTIFIED IN THE WASHINGTON WATERWORKS OPERATOR CERTIFICATION PROGRAM?
YES NO
If **Yes**: Certification number(s): _____ Current Certification(s): _____

14. STATE OR PROVINCE WHERE YOU ARE CURRENTLY CERTIFIED AS A WATERWORKS OPERATOR:

15. CLASSIFICATION TITLE AND GRADE NUMBER: _____

16. DATE OF ISSUE: _____

17. DID YOU TAKE AN ASSOCIATION OF BOARDS OF CERTIFICATION (ABC) EXAMINATION?
YES NO

18. HAVE YOU EVER HAD A WATER CERTIFICATION REVOKED OR SUSPENDED?
YES NO
If **Yes**: In what state/province? _____

EDUCATION

1. Grade School and High School - One year of excess operating experience may be substituted for one year of high school or two years of grade school, without limitation.
Last Grade Completed: _____ High School Diploma GED
2. Formal Education Training - The formal education requirement of college for level 3 and 4 includes relevant education in the environmental field, specialized training such as continuing education units (CEUs), or a combination of formal education and training. One year of college credit means 30 semester hours, 45 quarter hours or 45 CEUs of relevant education.
College Education - Formal education **must be documented by attaching a transcript** that lists any relevant education.
Specialized Training - If you wish to meet an education requirement with CEUs, **you must provide verification of relevant CEUs earned.**
3. Are you substituting excess education for experience? Yes No
(See Waterworks Certification Program Guidelines for substitutions).
4. Indicate total years of education claimed: _____

EXPERIENCE

1. Complete the detailed waterworks experience record (pages 4-6) and/or water-related experience record (page 7). A **separate experience record and Affidavit of Employment must be completed for every position held for each employer. Be as complete as possible.**
2. Are you substituting excess operating experience for education? Yes No
(See Waterworks Certification Program Guidelines for substitutions.)

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected and/or my certification(s) suspended or revoked.

(ORIGINAL Signature of Applicant)

(Date)

Failure to complete the application properly and/or failure to submit necessary documentation may cause the application to be returned

As a final check, have you:

- Enclosed reciprocity application and fee (check payable to DOH).
- Enclosed copy(s) of Certification Certificate(s) and proof that certification is current
- Enclosed Affidavit of Employment for **each** waterworks employer/experience record completed. (Copy blank affidavit as needed.)
- Completed all personal history items.
- Provided all documentation of your education (if applicable).

**PREVIOUS WATERWORKS EMPLOYER AND POSITION
EXPERIENCE RECORD**

Employer: _____

Employer's Address: _____

Employer's Phone: _____

Supervisor's Name/Title: _____

Your Title: _____

Years of Experience: Month Year
FINISH DATE _____ _____
HIRE DATE _____ _____

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity you performed while in your employment with this system. List the total percentage of time you spent performing all of the activities you checked. **NOTE: O&M = Operation and Maintenance (not Maintenance only).**

Water Treatment Job Duties

- Performance of Laboratory Tests
 - O&M of Coagulant Feed System
 - Calculation of CT Values
 - O&M of Conventional or Direct Filtration System
 - O&M of Fluoride Feed System
 - O&M of Hypochlorination & Gas Chlorination System
 - O&M of Slow Sand Filter
 - O&M of Cartridge, Bag, or Diatomaceous Earth Filter
- List other water treatment duties you performed: _____

Water Distribution Job Duties

- O&M of Storage Tanks
 - O&M of Valves
 - O&M of Cross Connection Program
 - Distribution of System Flushing
 - Installation of Taps/Pipelines/Service Connections
 - Leak Detection/Repairs
 - O&M of Booster Station/Pumps and Motors
 - Water Quality Testing (sampling) (i.e. bacteria, and so on)
- List other water distribution duties you performed: _____

Job Description Type

Percentages and Dates MUST be completed

- Water Distribution Operator (WD) % of the time = _____ Dates of Distribution duties _____ to _____
- Water Treatment Operator (WT) % of the time = _____ Dates of Treatment duties _____ to _____

EXPERIENCE TYPE: Employed as a Waterworks Operator Volunteer Position
 Employed as a Waterworks Contract Operator

Average number of hours spent performing these duties each day: _____

System's Water Facility Inventory I.D. #: _____

Water System Size:

Number of Water Services: _____
Population Served: _____

Source Type: Surface Water Groundwater
Type of Water Treatment Plant: Conventional Direct Diatomaceous Earth
 Slow Sand Cartridge Membrane Other _____

**PREVIOUS WATERWORKS EMPLOYER AND POSITION
EXPERIENCE RECORD**

Employer: _____

Employer's Address: _____

Employer's Phone: _____

Supervisor's Name/Title: _____

Your Title: _____

Years of Experience: Month Year
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HIRE DATE _____ _____

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 Slow Sand Cartridge Membrane Other _____

EMPLOYER AND POSITION
WATER-RELATED EXPERIENCE RECORD

Employer: _____

Employer's Address: _____

Employer's Phone: _____

Supervisor's Name/Title: _____

Your Title: _____

Years of Experience:	Month	Year
FINISH DATE	_____	_____
HIRE DATE	_____	_____

Describe your specific waterworks related duties and percentage of time spent performing these duties each month:

<u>DUTIES</u>	<u>PERCENTAGE OF TIME</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Average number of hours spent performing these duties each day: _____

This document is available in other formats for persons with disabilities. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).