



Waterworks Operator Information Form

For Office Use Only

Certification Number: _____

- New Operator
- Reciprocity
- Upgrade Exam
- Reactivation

Effective Date: _____

The following information will be used in the preparation of certificates and establishing your certification record.

Please PRINT all of the information.

NAME (Last, First, Middle)		
SIGNATURE		
HOME MAILING ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER ()	COUNTY	SOCIAL SECURITY NUMBER (Mandatory to provide)
EMAIL ADDRESS		

Check here if this is an address change.

Comments: _____

Job Information

Check here if this is an employer change.

JOB TITLE		
EMPLOYER	WFI ID#	
EMPLOYER'S MAILING ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER ()		

PLEASE MAKE SURE YOU COMPLETE THIS FORM AND SUBMIT WITH YOUR COMPLETED APPLICATION.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



Affidavit of Employment Form (to be completed by Supervisor)

Note: A separate Affidavit of Employment Form is required for every position held for each employer. Instructions are on the back of this form.

Last name of applicant: _____ First _____ MI _____

Job Title: _____ Certification # (optional) _____

PWS Name: _____ Washington WFI# _____

PWS Address: _____

Company Name: _____
(This line is for name of company that contracts services to Public Water Systems or private company)

Address: _____

City: _____ State: _____ Zip: _____

Verification of Employment and Experience

Applicant: is currently employed was employed Starting from: ___/___/___ to ___/___/___
Total number of months employed: _____ Full time Half Time Less than half time (# hrs/week) _____
 Volunteer

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

Water Treatment Job Duties

Water Distribution 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 perform(ed): _____

- 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 perform(ed): _____

Experience and Job Description Type

Percentages and Dates MUST be completed

Source Type

- Surface Water
- Groundwater

Water Distribution Operator (WD) % of the time = _____
Dates of Distribution Duties _____ to _____

Water Treatment Operator (WT) % of the time = _____
Dates of Treatment Duties _____ to _____

Statement of Authenticity

It is a violation subject to penalties or revocation of certification for any person to knowingly and willfully make any false statement or representations in any application, record, or other document filed herewith.

I have completed the information on this page.

Supervisor's Signature: _____ Date: _____ Phone: (____) _____

Supervisor's Name (printed) _____ Cert # _____ Title: _____
(if applicable)

Instructions to Supervisor/Employer for Completing Affidavit of Employment

This Affidavit of Employment is required for waterworks certification in the State of Washington. It is used to verify employment and experience of applicants applying for certification. Please fill in all the requested information on the Affidavit of Employment.

Employee Name	Fill in the last name, first name, and middle initial of the applicant.
Job Title	Fill in the actual job title of the employee.
PWS Name	Fill in the name and address of the Public Water System (PWS) where the employee attained the experience.
PWS I.D. #	Fill in the water facility I.D. number assigned to the PWS by the State of Washington, Office of Drinking Water. (Not applicable for out-of-state public water systems.)
Company Name	Fill out only when your company contracts services to a PWS or you are a private company and you are verifying that employment for an applicant for certification.
Dates of Employment	Indicate whether the applicant is currently employed. Fill in the month/day/year of the employee's drinking water experience employment .
Work Status	Fill in the number of months worked and check whether the work was full time, half time, or less than half time (<i>list the hours per week when less than half time</i>).
Job Duties	Check the appropriate drinking water duties the employee performed <u>while in your employment or under your supervision</u> .
Job Description Type	Check the appropriate job description of the employee. Fill in the total percentage of time the employee <u>spent</u> or was <u>responsible</u> for Treatment or Distribution.
Statement of Authenticity	Sign and date the form verifying that all the information is correct and true. Do not allow anyone else to sign for you. After you have signed the form, please fill in your daytime phone number, print or type your name in the space provided, and list your working title. <u>Do not sign an incomplete form. An applicant cannot sign here.</u>

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Waterworks Exam Application Instructions Operator Certification Program

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION FORM

1. A current, original exam application form must be submitted. **Copies, electronic documents, faxes, or previous certification applications won't be accepted and will be returned.** *You may make copies of the **blank** application form, work history pages and blank affidavit form as needed.*
2. Applications must be complete and must include all necessary documentation and signatures. The application must be typed or completed in ink by the applicant.
3. **Incomplete applications will be returned for completion and resubmittal.** This will delay exam scheduling.
4. Application fees:
 - \$ 87.00 for WDM, WDS, and WTPO classifications.
 - \$ 51.00 for CCS classification.

NOTE: If you apply for two exams, please pay the highest application fee of the two. For example, for WDM 1 and CCS exams, the application fee is \$87.00.

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. Once DOH approves your application for exam, we will notify Applied Measurement Professionals, Inc. (AMP) who will contact you to schedule your exam.
10. AMP will contact you by e-mail that you have been approved to take the exam(s). **To expedite exam scheduling, DOH encourages you to provide your e-mail address, if possible.** If you don't list an email address, it may take another week or more to receive mail notification. Scheduling the time, date, and location of your exam is through AMP.

11. The Association of Boards of Certification (ABC) exam fee and AMP testing service fee are paid to AMP prior to taking the exam. AMP prefers payment by debit or credit card. Money orders and business checks are accepted, but doesn't accept personal checks.
12. personal checks. The application is for use by the Certification Program, and all statements in the application are subject to investigation.
13. If you have any questions, please contact the Certification Program for more information at 360-236-3141 or toll free 1-800-525-2536 or email dwopecert@doh.wa.gov
14. Also, for your convenience, current training schedules and publications are posted on our website: www.doh.wa.gov/ehp/dw



WATERWORKS EXAM APPLICATION FORM

Operator Certification Program

NOTE: WE WON'T ACCEPT COPIES, FAXES, OR PREVIOUS APPLICATION FORMS.

APPLICANT'S NAME: _____

FOR OFFICE USE ONLY

Exam: _____

Candidate No. : _____

Validation Date: _____

Validation No.: _____

Comments: _____

EXAM CLASSIFICATION: Check the classification(s) and level(s) of certification for which you are requesting an exam. If you apply for two exams, please pay the highest application fee of the two.

LEVELS

CLASSIFICATIONS	OIT	1	2	3	4
WATER DISTRIBUTION MANAGER (WDM)					
WATER TREATMENT PLANT OPERATOR (WTPO)					

WATER DISTRIBUTION SPECIALIST (WDS)	
CROSS CONNECTION CONTROL SPECIALIST (CCS)	

REQUEST FOR SPECIAL EXAM ACCOMMODATION:

At its discretion, the Department of Health will authorize oral exams instead of, or to augment, computerized exams to comply with 42 U.S.C. 12101 – U.S.C. 12213 (Americans with Disabilities Act).

Prior to exam scheduling, the applicant is responsible for submitting the *Request for Special Examination Accommodations* form to Applied Measurement Professionals, Inc. (AMP), and for providing documentation of the need for a special accommodation. To obtain the Request for Special Examination Accommodations form, go to AMP's website, www.goamp.com and click on "candidates."

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. EMAIL ADDRESS : _____ CELL TELEPHONE (_____) _____
(Optional) (Area Code)

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

6. PRESENT WATERWORKS EMPLOYER: _____

7. EMPLOYER MAILING ADDRESS: _____
(Street)

(City) (State) (Zip)

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

9. PRIVATE EMPLOYER: _____

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

(City) (State) (Zip)

11. SOCIAL SECURITY #: _____

12. Are you currently certified in the Washington Waterworks Operator Certification Program? YES NO

If Yes: Certification number(s): _____ Current Certification(s): _____

13. Were you previously certified in the Washington Waterworks Operator Certification Program? YES NO

If Yes: Certification number (s): _____ Certification(s): _____

14. Have you ever had your waterworks operator certification revoked or suspended in any state/province? YES NO

15. Are you currently operating under a temporary certification? YES NO

If Yes: System Name: _____ WFI Number _____

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

Date of Graduation or Receipt of 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 operating experience for education? Yes No
(See Waterworks Certification Program Guidelines for substitutions.)

4. Indicate total years of education claimed: _____

EXPERIENCE

1. Carefully 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.**
2. Are you substituting excess education for experience? 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 and will delay exam scheduling.

As a final check, make sure you have:

- Enclosed appropriate exam application and fee (check payable to DOH).
- Enclosed Affidavit of Employment for **each waterworks employer/experience record completed.**
(Copy blank affidavit form as needed.)
- Enclosed completed Waterworks Operator Information Form.
- Indicated which exam(s) you want to take.
- Completed all personal history items.
- Provided all documentation of your education (if applicable).

Return application with check or money order payable to DOH to:

Waterworks Operator Certification Program
PO Box 1099
Olympia, Washington 98507-1099

**PRESENT WATERWORKS EMPLOYER AND POSITION
EXPERIENCE RECORD**

Employer: _____
Employer's _____ Address: _____
Employer's _____ Phone: _____
Supervisor's Name/Title: _____
Your Title: _____

HIRE DATE _____
Month Year

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity you perform while in your employment with this system. List the total percentage of time you spend 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 perform: _____

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 perform: _____

Job Description Type

Percentages & 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
 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 & 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
 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
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Water Distribution Job Duties

- O&M of Storage Tanks
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 - Distribution of System Flushing
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 - 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 & 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 _____

**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: _____

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