**Name of applicant:**

Last

First

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  
Current Waterworks Employer**

Applicant:  is currently employed  was employed Starting from:    /   /     to    /   /

Total number of months employed:     Full time  Half Time  Intermittent or Seasonal

Volunteer  Intern  Less than half time (No. hours/week)

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 checked. **NOTE: O&M = Operation and Maintenance (not Maintenance only)**.

**Water Treatment Job Duties Water Distribution Job Duties**

Performance of Lab Tests  O&M of Storage Tanks

O&M of Coagulant Feed System  O&M of Valves

Calculation of CT Values  O&M of Cross Connection Program

O&M of Conventional/ Direct Filtration System  Distribution System Flushing

O&M of Fluoride Feed System  Installation of Taps/Pipelines/Service Connections

O&M of Hypochlorination & Gas Chlorination System  Leak Detection/Repairs

O&M of Slow Sand Filter  O&M of Booster Station/Pumps & Motors

O&M of Cartridge, Bag, or Diatomaceous Earth Filter  Water Quality Testing (i.e. bacteria sampling)

Corrosion Control, chemical used:

|  |  |
| --- | --- |
| List other water treatment duties performed: | List other water distribution duties performed: |
|  |  |

**Source Type** Surface Water  Groundwater

**Experience and Job Description Type (Dates**

Water Distribution Operator (WD) Dates of Distribution Duties:    /   /   to\*    /   /

Water Treatment Operator (WT) Dates of Treatment Duties:    /   /   to\*    /   /

\*If ongoing, leave “to” date blank

Applicant is/was operator in responsible charge of the water treatment plant.

Applicant is/was operator in responsible charge of the water distribution system

**Declaration of Employment may be signed by your supervisor, system owner, association president or secretary. If no third party is available to verify your experience, you (the applicant) may sign it.**

Applicant’s Name

**Statement of Authenticity**

**I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

I have completed the information on this and the preceding page and certify it as being correct to the best of my knowledge:

Signature:       Date:

Name (printed):       Cert#:

(if applicable)

Title:       Phone:       Ext.:

Email: