

AFFIDAVIT OF MOST RECENT WORK EXPERIENCE (all blocks are REQUIRED), if blank, application will be returned)

To: State of Oregon
 Department of Environmental Quality
 Operator Certification Program

Applicant Last Name:	First:	Middle Initial:
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This affidavit certifies that the above named applicant is / was gaining work the work experience below:

Assigned tasks in **operational duties of the wastewater treatment** system is :
 full-time part-time intern volunteer N/A

Start Date: (mm/yyyy)	End Date: (mm/yyyy)	or <input type="checkbox"/> Current
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Scheduled total work hours per week:	Scheduled work weeks per year:
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Wastewater System Name:	System Type: <input type="checkbox"/> Collection <input type="checkbox"/> Treatment <input type="checkbox"/> Both
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DEQ Permit #:	<i>Duty percentages below must total 100%</i>
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REQUIRED SUPERVISOR'S STATEMENT OF APPLICANT'S ROUTINE TASKS AND DUTIES, AND CERTIFICATION OF AFFIDAVIT
 APPLICATION WILL BE RETURNED IF THIS STATEMENT IS MISSING!

WW Treatment: %	WW Lab: %	WW Collection: %	WW Pretreatment or Industrial WW: %
Drinking Water (Treatment, Distribution, Lab): %	Stormwater Mgmt: %	Other Misc. Duties: %	

I certify that I am the DEQ designated Wastewater Supervisor, OR Authorized Representative of the system owner. *I further certify that my statement above*, and the information contained within this affidavit represents the work experience of the above named applicant.

Signature of supervisor / representative / manager required	Date (mm/dd/yyyy) required
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Authorized's Name:	Title:
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Mailing Address:	City:	State:	Zip Code:
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Phone Number:	e-mail:
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