



Complete this form to apply for an Operator in Training (OIT). Upon passing an examination, the Authority will recognize the applicant as an OIT for a period not to exceed 36 calendar months. Instructions are on page 2. **Please Print Clearly**

**1. PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Social Security # (required): \_\_\_\_\_  on file with DWS

**2. EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_ PWS ID# 41-: \_\_\_\_\_

**3. CONTACT INFORMATION**

Address: \_\_\_\_\_  Work  Home  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email (required): \_\_\_\_\_

**4. TYPE**

Distribution Level 1  Treatment Level 1

**5. EDUCATION**

Date awarded High School Diploma or GED: \_\_\_\_\_  copy attached  on file with DWS

**6. EXPERIENCE (SELECT ONE)**

- 30 hours of water system training – documents attached
- 3 CEUs or 3 college credits – documents attached
- I have 3 months of water related or operating experience – complete the affidavit below

**7. AFFIDAVIT**

PWS Name: \_\_\_\_\_ PWS ID: 41- \_\_\_\_\_

Applicant:  is currently employed  was employed Starting from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Total # of months employed: \_\_\_\_\_  full time  half time  less than ½ time: \_\_\_\_\_ # of hours per week

**I have 3 months of:                      The % of time spent doing treatment or distribution:**

<input type="checkbox"/> water related experience	Water Distribution Operator _____ % of time
<input type="checkbox"/> operating experience	Water Treatment Operator _____ % of time

**Statement of Authenticity**

Only the **immediate supervisor** or the **DRC** of the system indicated above may verify and sign this section. It is a violation subject to penalties and 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  DRC  Supervisor  
**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**8. APPLICANT CERTIFY & SIGN**

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.

**Applicant Printed Name:** \_\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. SUBMIT APPLICATION PACKET**

Sign and send all documents by email, mail, or fax.

**Email:** [dws.opcert@odhsoha.oregon.gov](mailto:dws.opcert@odhsoha.oregon.gov)

**Mail:** DWS – OpCert; 800 NE Oregon St, Suite 640; Portland, OR 97232, or **Fax:** 971-673-0694 Attn: OpCert

**Office Use Only**

Education  Experience  Need more Info: \_\_\_\_\_  Approved

Thank you for applying for an Oregon Drinking Water Operator in Training (OIT). The below instructions will help you fill out the OIT application.

- Keep a copy of the completed application for your records.
- You may submit your application by mail, email, or fax.
- Once the application is received it will be reviewed for completeness. We will notify you by phone, email, or mail if we require additional information to process your application.
- Keep in mind the OIT status will only be recognized for 36 months (3 years), at which point you may apply for operator certification, by submitting an application.

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## 1. Personal Information

- Provide your first name, middle initial and last name.
- **Social Security #:** If this is your very first certification with DWS we cannot process your application without your social security number. If you have an active certification with DWS, check the box ‘on file with DWS’.

## 2. Employer Information

- Provide the name of the company or water system you work for. If you work for a water system, please also include the PWS ID#.

## 3. Contact Information

- **Address:** Provide the mailing address where you want certification and correspondence from this office to be mailed. Please identify whether this is your work address or home address.
- **Phone:** Provide at least one phone number.
- **Email:** We may use your email to request additional information regarding your application. Your email is used by AMP/ABC to contact you about scheduling the exam.

## 4. Type

- Select distribution or treatment.

## 5. Education

- If this is your first certification with DWS, please provide the date you were awarded your high school diploma or GED and attach a copy to the application. If you have a current certification with DWS, please check the box next to ‘on file with DWS’.

## 6. Experience

- Select the appropriate box next to the type of experience you are submitting to qualify.
- If you selected 30 hours of training, 3 CEUs, or 3 college credits, attach the documentation to the application.
- If you selected 3 months of water or operator experience, you must complete the affidavit, and have it signed by your direct supervisor or the water system DRC.

## 7. Affidavit

- Only complete this section if you are qualifying based on 3 months of water/operator experience.
- Please fill out completely. Blank fields may result in the application being returned.
- Only the applicant’s immediate supervisor, or DRC of the water system where the experience was obtained, can sign the affidavit.

## 8. Applicant Certify & Sign

- The person applying for the OIT needs to sign and date the application. Unsigned applications will be sent back.

## 9. Submit Application Packet

- Make sure all the appropriate fields are completed and any additional documentation is attached.
- **Mail:** DWS-OpCert; PO Box 14260; Portland, OR 97293  
**Email:** [dws.opcert@odhsoha.oregon.gov](mailto:dws.opcert@odhsoha.oregon.gov) or **Fax:** 971-673-0694

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Additional information and forms at [www.healthoregon.org/opcert](http://www.healthoregon.org/opcert)

Still need help? Contact DWS by phone 971-673-0321 or email [dws.opcert@odhsoha.oregon.gov](mailto:dws.opcert@odhsoha.oregon.gov)