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|--|---|---|
| <b>Send Application and Fee to:</b><br>DEQ Business Office<br>700 NE Multnomah St., Ste 600<br>Portland, OR 97232-4100<br><br>OpCert info: (503) 229-5349<br>Toll-free: 1-800-452-4011 |  <p style="margin: 0;"><b>Oregon Department of<br/>Environmental Quality</b></p> <p style="margin: 0;"><b>Post-Exam Application for<br/>Wastewater System Operator<br/>Certification</b></p> | <b>DEQ USE ONLY</b><br><br>L2k Receipt #: _____<br>Application #: _____<br>Amount Received: _____<br>Date Received: _____<br>Check #: _____ |
|--|---|---|

**A. APPLICANT INFORMATION**

|                   |        |         |
|-------------------|--------|---------|
| Last Name:        | First: | Middle: |
| Last four of SSN: |        |         |

**B. MAILING ADDRESS AND CONTACT INFORMATION**

|   |             |        |           |
|---|-------------|--------|-----------|
| Street/PO Box:  | City:       | State: | Zip Code: |
| Work Phone:   | Home Phone: |        |           |
| email:  |             |        |           |
| Is this a change of mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |        |           |
| Employer:   |             |        |           |

**C. APPLICATION CERTIFICATE TYPE** (Do not use this application for a *Provisional* Grade I Certificate)

|   |                                  |                                   |                                    |                                   |
|---|----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Wastewater Collection (WWC): | <input type="checkbox"/> Grade I | <input type="checkbox"/> Grade II | <input type="checkbox"/> Grade III | <input type="checkbox"/> Grade IV |
| <input type="checkbox"/> Wastewater Treatment (WWT):  | <input type="checkbox"/> Grade I | <input type="checkbox"/> Grade II | <input type="checkbox"/> Grade III | <input type="checkbox"/> Grade IV |

**D. POST EXAM APPLICATION FEES**

**\$50** (for one or two certificates)

Payment Receipt Requested

Applicants for **Grades II, III, and IV** certification must meet certificate education and experience qualifications within four (4) months following the testing month.

**Grade I** certificate applicants have 36 months to meet the education and experience requirements after passing the Grade I exam.

**E. APPLICATION CHECKLIST**

**Include:**

- Application fee payable to **Oregon Department of Environmental Quality, or Oregon DEQ**
- Complete ALL sections, including a detailed description of qualifying operator experience, duties, and tasks
- Supplemental education and training qualifying documentation as required
- Signature and date of applicant and most recent system supervisor or manager
- Save a copy of your application for your records**
- Mail application and fee to:  
**DEQ Business Office**  
 700 NE Multnomah St., Suite 600  
 Portland, OR 97232-4100

**F. SUPPLEMENTAL EDUCATION AND TRAINING HISTORY**

If not already sent, attach proof of education and training (diplomas, college transcripts, certificates, or letters of completion) showing that you have met or have exceeded the minimum certification qualifications.

High School Graduate:  Yes  No      GED Certificate:  Yes  No

School: \_\_\_\_\_ Location: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**G. COLLEGE OR UNIVERSITY, COMMUNITY COLLEGE, OR TRADE SCHOOL**

| Name of School | Location | Major | # Semester/<br>Qtr Credits | Certificate/<br>Degree Year |
|----------------|----------|-------|----------------------------|-----------------------------|
|                |          |       |                            |                             |
|                |          |       |                            |                             |

**H. CONTINUING EDUCATION**

| Subject | Location | Sponsor / trainer | CEUS/Hours | Dates (Mo/Yr) |
|---------|----------|-------------------|------------|---------------|
|         |          |                   |            |               |
|         |          |                   |            |               |

**I. WASTEWATER OPERATOR EXPERIENCE\***

\*Describe your wastewater operator duties/tasks for each job. Show related work experience separately. Related work experience is limited to 50 percent time credit (OAR 340-049-030(4)(d)).

**J. WASTEWATER EXPERIENCE** (Attach additional sheets, if necessary to meet experience requirement)

Job Title: \_\_\_\_\_ Average number of hours worked per week: \_\_\_\_\_

From: \_\_\_\_\_ (date)      To: \_\_\_\_\_ (date)

**Percent of time worked:** WW Collection: \_\_\_\_\_ %      WW Treatment: \_\_\_\_\_ %      Water: \_\_\_\_\_ %      Other: \_\_\_\_\_ %

Duties/Tasks: (don't write See Attached; position description, etc. not substitutable for a written statement).

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

System Type and Class (C & T): \_\_\_\_\_ DEQ Permit #: \_\_\_\_\_ DEQ File # \_\_\_\_\_

DEQ System Supervisor (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor / Manager (required)

\_\_\_\_\_  
Date

**K. APPLICANT SIGNATURE** (Required)

I certify that all information contained in this application and any attachments, is true and correct to the best of my knowledge and belief. I understand that omissions may disqualify me and that knowingly making a false statement may result in refusal to issue a certificate or revocation of any certification granted as well as prosecution under ORS 448.992(2), which provides for criminal penalties of a fine, imprisonment or both. I also consent to an investigation of my employment record and other statements for the purpose of verification of my qualifications for certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date