



INSTRUCTIONS FOR

Application for Certification by Reciprocity

Wastewater Operator Certification

(do not send these instructions with your application – keep for your records)

INCOMPLETE APPLICATIONS OR INCORRECT FEES will be returned for completion

FILL IN ALL SECTIONS. If the information requested is not applicable, write N/A.

A. APPLICANT INFORMATION

Enter applicant's legal name and social security number required (unless already on file with DEQ).

B. MAILING ADDRESS AND CONTACT INFORMATION

Complete all sections. Enter employer name and the wastewater system name if it is different from the employer name. Answer Y/N to the 4 questions.

C. CERTIFICATE TYPE / GRADE

Select only one grade button. If seeking both collection and treatment certificates, submit a separate application and fee for each type.

QUALIFYING PATH: Select the Qualifying Path (A-E), see the Qualifications tables in the Instructions.

FEE: Make checks payable to "Oregon DEQ".

D. EDUCATION AND TRAINING

A high school diploma, transcripts, or GED is the education requirement for all certification grades, and must be included or on file with DEQ. If required, post high-school documents (CEUs or transcripts) must be attached or already on file. Legible education documents must include the applicant's name, achievement type, and award or completion date,

E. COLLEGE/UNIVERSITY, COMMUNITY COLLEGE, OR TRADE SCHOOL

Diplomas for awarded degrees and other accumulation of academic credits documented on transcripts may be accepted in the fields of engineering, chemistry, water/wastewater technology or applied sciences (OAR 340-049-0030(4)(b)). One or more years of post high school education equals the following: 1 year = 45 quarter hours or 30 semester hours. List the semester/quarter hours and total credits. Course credits outside these fields/majors may be reviewed on a course-by-course basis through attaching legible transcript(s) to the application.

F. CONTINUING EDUCATION

Attach only if needed toward post-HS education. CEU certificates must be legible documents that provide the applicant's typed name, number of wastewater CEUs, completion date, and instructor or sponsor. The total CEU's must be totaled in section F by the applicant. Additional sheets may be attached in order to list and provide a total of all CEUs. Applicants should only submit CEUs when 45 or more have been earned, and if the application is for grades II-IV. In order for CEUs to be counted they must be listed in this section and the CEU certificates must be attached to the application even if they were submitted previously to DEQ. CEU credits and academic course hours (by transcripts) *can* be combined to equal one year of post-high school education.

R. RECIPROCITY APPLICANTS

Attach a copy of your current and valid certificate from the other state. To receive the same certificate type and grade, you must have passed an ABC exam. We will contact your issuing state for verification. You must also meet the Oregon education and experience qualifications in addition to the exam requirement. See the qualifications tables at the end of the Instructions.

G. WASTEWATER OPERATOR WORK EXPERIENCE HISTORY

All sections are required; include detailed and accurate information. (*For Oregon systems, the DEQ Designated System Supervisor is the System Supervisor on record with DEQ). System Type, Class, Permit # etc. are REQUIRED. *Applications received that state "see attached" in the description of duties/responsibilities will be returned to the applicant for completion.* Provide a detailed description of all wastewater operator *direct* and *related* experience. "*Direct*" operator experience = percent of the work history segment related to the certificate *type*. Treatment experience is direct experience for a treatment certificate, collections experience is direct experience for a collections certificate. Direct experience must account for 50% or more of the total experience required (for total required: see Qualifications Tables 1 and 2). Related experience can count for the remainder of the total experience required. "*Related*" wastewater operator experience can include wastewater treatment (if collections certificate), collections (if treatment certificate), drinking water distribution / treatment / system maintenance, wastewater / drinking water laboratory, industrial treatment system experience, etc. The percentage blocks per each listed job **must total 100%**.

H. REFERENCE

List one reference with first-hand knowledge of your operator work history and/or duties.

I. AFFIDAVIT OF MOST RECENT OPERATOR WORK EXPERIENCE

This section requires the applicant's supervisor or manager to affirm the applicant's most recent work experience Affidavit. The supervisor or manager is to complete all portions of this page with the exception of Section K (applicant's signature).

J. SUPERVISOR'S STATEMENT OF APPLICANT'S ROUTINE TASKS AND DUTIES AND CERTIFICATION OF AFFIDAVIT, SIGNATURE / DATE

The applicant's supervisor, manager, public works director, city administrator, commissioner, mayor, or the equivalent submits their own statement describing the applicant's daily operator tasks and duties. This person who certifies the Affidavit by signing in Section J shall have sufficient knowledge to submit the statement of the applicant's routine duties and tasks in Section J. The official position or job description from the employment or records office may be attached *in addition—but not as a substitution*—for this statement from the supervisor in Section J.

K. APPLICANT SIGNATURE / DATE

Original signature and date are required (not electronic).

******* How To Use Qualifications Tables below *******

Education (Ed/PHS Ed):

- High School (HS) diploma, a GED certificate, or equivalent, document is required.
- **PHS Ed**= Post-High School in years: One year of post-high school education equals 45 qualifying Continuing Education Units (CEUs) or equivalent, or 45 quarter or 30 semester hours of qualifying college or university credit. (HS + 1 = High School + 1 year of PHS Ed).
- Qualifying CEUs or college credits must be relevant to operator job tasks and required knowledge, and may be combined.
- Credits for on-the-job training may be used to meet education or experience, but not both.

Experience (Exp):

- Year(s) of experience in the routine performance of operator duties, tasks, and responsibilities at a domestic wastewater collection or treatment system (may include operator intern or trainee if not also CWE). DEQ may give partial credit for experience in a related field, as allowed by rule.
- Grade I: the Associate of Applied Science degree in water quality / wastewater technology may substitute for 6 months experience; confirm in advance.
- Grades III and IV: a minimum amount of System Class operator experience is required.

System Class:

The system classification where the experience was earned. The permit contains this classification, or if no permit, the collection-only wastewater system must have the equivalent number of population or connections. At least half of the total experience must be no more than one grade lower than the certificate grade desired.

Paths A-E:

Applicants may qualify for certification through different paths of experience and education.

TABLE 1: COLLECTION SYSTEM Operator Qualifications

Certificate Level	Path A			Path B			Path C			Path D			Path E		
	Ed	Exp (years)	System Class	PHS Ed	Exp (y)	System Class	PHS Ed	Exp (y)	System Class	PHS Ed	Exp (y)	System Class	PHS Ed	Exp (y)	System Class
SWWS	HS	1	any												
Grade I	HS	1	any												
Provisional I	HS	any	any												
Grade II	HS	3	any	1	2	any									
Grade III	HS	8	4 ≥ II	1	5	2.5 ≥ II	2	4	2 ≥ II	3	3	1.5 ≥ II			
Grade IV	HS	10	5 ≥ III	1	8	4 ≥ III	2	6	3 ≥ III	3	5	2.5 ≥ III	4	4	2 ≥ III

TABLE 2: TREATMENT SYSTEM Operator Qualifications

Certificate Level and Qualifications	Path A			Path B			Path C			Path D		
	Ed	Exp (years)	System Class	PHS Ed	Exp (y)	System Class	PHS Ed	Exp (y)	System Class	PHS Ed	Exp (y)	System Class
SWWS	HS	1	any									
Grade I	HS	1	any									
Provisional I	HS	any	any									
Grade II	HS	3	any	1	2	any						
Grade III	HS	8	4 ≥ II	1	5	2.5 ≥ II	2	4	2 ≥ II	3	3	1.5 ≥ II
Grade IV	HS+1	10	5 ≥ III	2	6	3 ≥ III	3	5	2.5 ≥ III	4	4	2 ≥ III

APPLICATION CHECKLIST


A complete application includes:

- All sections completed
- Correct fee, make checks payable to Oregon DEQ
- Education documents if needed for this certification level, page 2
- Detailed work experience (include System information, permit #, etc.), page 3
- Complete Affidavit, page 4
- Signatures/ date from Applicant and affidavit signer, page 4
- Proof-read your application for errors or omissions prior to mailing
- KEEP a COPY of this application for your records

Incomplete forms will be returned for completion.

Application fees are non-refundable.

Questions? Contact the Certification Program at opcert@deq.state.or.us or call 503-229-5349, 503-229-5161, or 800-452-4011.

Send Application and Fee to: DEQ Business Office 700 NE Multnomah St., Ste 600 Portland, OR 97232-4100	 Oregon Department of Environmental Quality Wastewater System Operator Certification by <u>Reciprocity</u>	DEQ USE ONLY L2k Receipt #: _____ Application #: _____ Amount Received: _____ Date Received: _____ Check #: _____
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A. APPLICANT INFORMATION	**See Notes section at the bottom of this page**
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Last Name:	First:	Middle:
Social Security Number*:		
*Note: SSN required per ORS 25.785, and 305.385, unless already on record with DEQ.		

B. MAILING ADDRESS AND CONTACT INFORMATION

Street/PO Box:	City:	State:	Zip Code:
Work Phone:	Home Phone:		
Is this a change of mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required):		
Employer:			
Are you now, or have you ever been, certified in Oregon for wastewater system operation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a wastewater system operator certificate or license revoked or suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you requesting reciprocity from another state, province or certifying authority?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for certification in Oregon?			<input type="checkbox"/> Yes <input type="checkbox"/> No

C. CERTIFICATE TYPE, GRADE AND FEES (Submit one application for each of the following certificate options)

Wastewater Collection	Wastewater Treatment	Fees
<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade I	\$160
<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade II	\$190
<input type="checkbox"/> Grade III	<input type="checkbox"/> Grade III	\$220
<input type="checkbox"/> Grade IV	<input type="checkbox"/> Grade IV	\$260
<input type="checkbox"/> Grade I Wastewater Collection and Wastewater Treatment		\$240
<input type="checkbox"/> Request for Receipt of Payment		
Qualifying path? (see Application Instructions Qualifications tables) Path A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		

** Notes

If you have NOT taken the ABC exam for your current grade level, you will not be granted equal reciprocity in Oregon. For certificates gained by other than ABC exam, reciprocity of a lower grade will be considered. Alternatively, if you meet the experience and education requirements for Oregon you can sit for the ABC exam by completing a new application for the exam; not by using the Reciprocity Application.

Include check made payable to "Oregon DEQ". Select the fee for the grade you qualify for.

D. EDUCATION AND TRAINING

Attach educational documents at the end of this application (transcripts, CEU certificates, or letters of completion) that show you meet the education requirement, **ONLY IF YOU QUALIFY** by substituting education for experience (45 qtr credits = 1 year). See Instructions, and Qualifications tables. High School / GED document is required for any DEQ certification.

High School Graduate: Yes No* GED Certificate: Yes No*

School: _____ Location: _____ Graduation Date: _____

*If you are not a High School Graduate and do not have a GED Certificate, please contact the DEQ Operator Certification Program before submitting this application.

E. COLLEGE/UNIVERSITY, COMMUNITY COLLEGE, OR TRADE SCHOOL *(Indicate if semester or quarter credits)*

Name of School	Location	Major	# Semester/ Qtr Credits	Certificate/ Degree Year

F. CONTINUING EDUCATION - List & attach in chronological order. *(Attach more sheets if necessary. The sum total CEUs/training must be listed below and submitted to receive post high school education credit as per Paths A-E).*

Subject	Location	Sponsor	CEUS/Hours	Dates (Mo/Yr)

Total Semester Credits: _____ **Quarter Credits:** _____ **CEUs:** _____ **Training Hours:** _____

R. RECIPROCITY APPLICANTS

Note: Reciprocity applicants must hold a valid certificate in another state or province in good standing and that certificate must be attached to this application.

State/Province: _____ Certifying Authority: _____

Street/PO Box: _____ City: _____

State: _____ Zip Code: _____ Phone Number: () _____

Certificate Type & Level: _____ Expiration Date: _____

Certificate Number: _____ Exam Date: _____ Exam Location: _____

Was certificate obtained by ABC exam? Yes No

G. WASTEWATER OPERATOR WORK EXPERIENCE HISTORY

Provide a detailed description of wastewater operator duties and responsibilities for each segment of work history. ***"DEQ System Supervisor"** = the designated supervising system operator on record with DEQ. Operator-In-Training (OIT) Applicants: See Instructions, Section G.

Most Recent Experience

Formal Job Title:		Average hours worked per week:	
From:	(mm/yyyy)	To:	(mm/yyyy)
WW Collection:	%	WW Treatment:	%
Water:	%	Other:	%

Applicant's Statement of routine duties/responsibilities ("see attached", etc. *not* accepted):

Employer Name:	System Name:	Permit #:
System Address:	City:	State:
System Type and Class:	*DEQ System Supervisor:	
Supervisor Phone Number:	Supervisor Email (optional):	

Previous Work Experience

Formal Job Title:		Average hours worked per week:	
From:	(mm/yyyy)	To:	(mm/yyyy)
WW Collection:	%	WW Treatment:	%
Water:	%	Other:	%

Applicant's Statement of routine duties/responsibilities ("see attached", etc. *not* accepted):

Employer Name:	System Name:	Permit #:
System Address:	City:	State:
System Type and Class:	*DEQ System Supervisor:	
Supervisor Phone Number:	Supervisor Email (optional):	

Previous Work Experience (*Attach additional page 3 for additional work experience if necessary*)

Formal Job Title:		Average hours worked per week:	
From:	(mm/yyyy)	To:	(mm/yyyy)
WW Collection:	%	WW Treatment:	%
Water:	%	Other:	%

Applicant's Statement of routine duties/responsibilities ("see attached", etc. *not* accepted):

Employer Name:	System Name:	Permit #:
System Address:	City:	State:
System Type and Class:	*DEQ System Supervisor:	
Supervisor Phone Number:	Supervisor Email (optional):	

H. REFERENCE

List the contact information for an additional person who DEQ may contact regarding your work history.

Name	Position/Title	Contact Phone Number

I. AFFIDAVIT OF MOST RECENT WORK EXPERIENCE

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

Applicant Last Name: _____ First: _____ Middle Initial: _____

This affidavit certifies that the above named applicant is / was gaining work the work experience below:

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

Start Date: (mm/yyyy) _____ End Date: (mm/yyyy) _____ or Current

Scheduled total work hours per week: _____ Scheduled work weeks per year: _____

Wastewater System Name: _____ System Type: Collection Treatment Both
DEQ Permit #: _____ DEQ File #: _____

J. SUPERVISOR'S STATEMENT OF APPLICANT'S ROUTINE TASKS AND DUTIES AND CERTIFICATION OF AFFIDAVIT

Attachments will not be accepted in lieu of writing out a statement ("see attached", etc. not accepted):

I certify that I am the DEQ Designated Wastewater System Supervisor, **or** Authorized Representative of the system owner. *I certify that my statement above*, the information contained within this affidavit, and information contained elsewhere in the application represents the work experience of the above named applicant.

Signature of supervisor / representative required _____ Date (mm/dd/yyyy)

Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail: _____

K. APPLICANT SIGNATURE

I certify that all information contained in this application, including 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 DEQ's 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 and education record and other statements for the purpose of verification of my qualifications for certification.

Signature of Applicant, required _____ Date (mm/dd/yyyy)