

## INSTRUCTIONS FOR

### *Application for Treatment Grades I-IV*

#### 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. Ensure that your email address is an actively monitored email address and confirm email spam filters do not block emails from DEQ or from the exam contractor, AMP. Enter employer name and the wastewater system name if it is different from the employer name. Answer Y/N to the 3 questions.

#### **C. CERTIFICATE APPLICANT TYPE / GRADE**

*Select only one grade button.* OIT can also be selected only if applying for Grade I certification. OIT is a waiver to take the Grade I exam with less than 12 months of operator experience under the condition that *DEQ approved training* (see <http://www.deq.state.or.us/wq/opcert/opcert.htm>) is listed on page 5, Section M requirements. OIT will require a post-exam application at a later time to confirm that the experience requirement has been met in order to become Grade I certified.

**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.

## **G. WASTEWATER OPERATOR WORK EXPERIENCE HISTORY**

All sections are required; include detailed and accurate information. 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%**.

OIT Applicants: List relevant operator work history information. If less than the required experience for Grade I certification is documented, your application will still be processed as an OIT provided that you list your *DEQ approved training* on Page 5 and attach the training requirement. Do not co-mingle Cooperative Work Experience time earned for college credit in the AAS curriculums with regular employment experience. Co-op Work Experience cannot be double-counted toward both the degree program and the required work experience for that Grade.

## **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). OIT and Provisional applicants can leave this section blank if page 3 is entirely blank.

## **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. OIT and Provisional applicants can leave this section blank if page 3 is entirely blank.

## **K. APPLICANT SIGNATURE / DATE**

## **L. WASTEWATER SYSTEM OPERATOR AFFIDAVIT (provisional applicants only)**

This section is similar to section I on page 4 except that it is for provisional applicants.

## **M. DEQ APPROVED TRAINING PROGRAM (OIT and provisional applicants only)**

The applicant must be enrolled in, or have completed a DEQ approved training program. See the [DEQ wastewater operator homepage](#). Qualifying courses are the California State Sacramento Volume I training course for each certificate type (collection and/or treatment), and the AAS programs at CCC or LBCC. **List** the qualifying courses/program in Table M, and **attach** the CSUS enrollment receipts(s), the CEU certificate(s), college transcripts, or other documentation that verifies this training requirement.

## **N. / O. TRAINING SUPERVISOR INFORMATION (provisional applicants only)**

The training supervisor is required to be a certified operator, and to sign and date.

**\*\*\*\*\* 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
- Complete page 5 for Operator in Training or Provisional Applicants (include DEQ-Approved training documents)
- 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](mailto:opcert@deq.state.or.us) or call 503-229-5349, 503-229-5161, or 800-452-4011.

<b>Send Application and Fee to:</b> DEQ Business Office 700 NE Multnomah St., Ste 600 Portland, OR 97232-4100	 <b>Oregon Department of Environmental Quality</b> <b>Application for the</b> <b>Wastewater Operator</b> <b>Treatment Certificate</b>	<b>DEQ USE ONLY</b> L2k Receipt #: _____ Application #: _____ Amount Received: _____ Date Received: _____ Check #: _____
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**NOTE TO APPLICANT:** Unless otherwise stated, all information is required for the application to be processed

**A. APPLICANT INFORMATION**

Last Name:	First:	Middle:
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Social Security Number\* (required): \_\_\_\_\_

\*Note: SSN required per ORS 25.785 and 305.385 unless already on record with DEQ.

**B. MAILING ADDRESS AND CONTACT INFORMATION**

Address:	City:	State:	Zip Code:
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Work Phone:	Home Phone:
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Is this a change of mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required):
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Employer Name:	Wastewater System Name (if different):
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Are you now, or have you ever been, certified in Oregon for wastewater system operation?  Yes  No

Have you ever had a wastewater system operator certificate or license revoked or suspended?  Yes  No

Do you require disability accommodation in testing? (If "yes", submit an accommodation form)  Yes  No

**C. CERTIFICATE APPLICATION TYPE, GRADE AND FEE** (Select only 1 row of the 5 options)

**FEES**

1) <input type="checkbox"/> Grade I Provisional Treatment <span style="float: right;">*** Also submit page 5 ***</span>	\$240
2) <input type="checkbox"/> Grade I Treatment <input type="checkbox"/> Check here if Operator-In-Training (OIT). Page 5 must be completed for OIT applications.	\$240
3) <input type="checkbox"/> Grade II Treatment	\$270
4) <input type="checkbox"/> Grade III Treatment	\$300
5) <input type="checkbox"/> Grade IV Treatment	\$340
<input type="checkbox"/> Request for receipt of payment (optional)	\$0

**Notes for applicants:**

See Instructions for each lettered section on pages i-1-4.

Checks are to be made payable to "Oregon DEQ". Please allow at least thirty days for DEQ to process your application. You will receive an email notification of your eligibility to schedule an exam date online.



**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: Zip Code:
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: Zip Code:
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: Zip Code:
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:
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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	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 #:	DEQ File #:
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**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)
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Name:	Title:
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Mailing Address:	City:	State:	Zip Code:
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Phone Number:	e-mail:
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**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)
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**L. Wastewater System Operator Certification Affidavit (for Provisional applicants)**

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

Applicant Last Name:		First:	Middle:
System Type: <input type="checkbox"/> Collection <input type="checkbox"/> Treatment <input type="checkbox"/> Both		Start Date:	
Wastewater System:		Phone Number:	
Mailing Address:	City:	State:	Zip Code:

**M. DEQ APPROVED TRAINING PROGRAM (see Instructions: for Operator-in-Training and Provisional applicants)**

Course Name	Start Date	Completion Date

**N. TRAINING SUPERVISOR INFORMATION \* (for Provisional applicants)**

Name:		Phone Number:	
<input type="checkbox"/> Collection <input type="checkbox"/> Treatment <input type="checkbox"/> Both			
Mailing Address:	City:	State:	Zip Code:
<input type="checkbox"/> Wastewater Collection Grade:	Certificate Number:	Expiration Date:	
<input type="checkbox"/> Wastewater Treatment Grade:	Certificate Number:	Expiration Date:	

\* The training supervisor is required to be a certified wastewater system operator (in Collection/Treatment or Both) for the requested provisional training experience. (OAR 340-049-0030).

**O. AUTHORIZED SIGNATURE (for Provisional applicants)**

I certify that this Affidavit accurately reflects the training and supervision for the above-named applicant.

(Print Name of System Owner or Authorized Agent)	(Title)
(Signature of Owner or Agent)	(Date) (mm/dd/yyyy)