

# Affidavit of Current or Most Recent Wastewater Operator Experience

May also be completed as a secondary affidavit for prior qualifying operator experience.

**Instructions to persons signing this affidavit: Do not leave any part of this affidavit blank.** Fill in legibly by hand or by typing. DEQ uses this information to verify qualifying work experience as a wastewater treatment and/or collection system operator. Information provided must represent the actual “day-to-day” or periodically assigned work experience the applicant has in the operation of the wastewater system, paid or unpaid.

**TO: State of Oregon  
 Department of Environmental Quality  
 Wastewater System Operator Certification Program**

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Assigned tasks in **operational duties of the wastewater collection and/or treatment** system are:

full-time                      part-time                      intern                      volunteer                      N/A

Start date (mm/dd/yyyy): \_\_\_\_\_ End date (mm/dd/yyyy): \_\_\_\_\_ or Current

Scheduled total work hours per week: \_\_\_\_\_ Scheduled work weeks per year: \_\_\_\_\_

Wastewater System Name: \_\_\_\_\_ DEQ Permit # (Oregon): \_\_\_\_\_

System Type:              Collection                      Treatment                      Both

**Fill in the approximate percentages of applicant’s time spent in each category below:  
 Duty percentages must total 100%.**

Wastewater treatment and lab:                      %                      Wastewater collection:                      %

Wastewater pretreatment or industrial wastewater treatment:                      %

Drinking water system (distribution and/or treatment):                      %

Stormwater management:                      %                      Other miscellaneous duties:                      %

HAND sign above, of supervisor/representative/  
 manager OR signature certified by  
 Adobe Acrobat e-sign and e-date, is required, for page 1

\_\_\_\_\_   
 HAND date required if hand signing  
 (mm/dd/yyyy), for page 1

**Required supervisor’s statement of applicant’s routine tasks and duties and certification of affidavit.** (Application will be returned if this statement is missing below.)

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

**Sign and date below by hand or e-sign.** (No white-outs or over-writing. If signer needs a small correction, line out, then initial and date next to new data.)

HAND signature of supervisor/representative/  
manager OR Signature certified by  
Adobe Acrobat e-sign and e-date, is required for page 2

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HAND date required if hand signing  
(mm/dd/yyyy), for page 2

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**Signer’s information below:**

Printed name:

Title:

Agency or organization:

Mailing address:

City:

State:

Zip Code:

Phone number:

Email address:

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**Non-discrimination statement**

DEQ does not discriminate on the basis of race, color, national origin, disability, age, sex, religion, sexual orientation, gender identity, or marital status in the administration of its programs and activities. For translations or alternate formats, visit DEQ’s [Civil Rights and Environmental Justice page](#).