



RECIPROCITY Operator Certification Application | Drinking Water Services

Phone 971-673-0321 | Fax 971-673-0694 | dws.opcert@odhsoha.oregon.gov

To obtain certification by reciprocity in Oregon, applicants must possess current, valid certification in another state or province which has a recognized certification program substantially equivalent to the requirements in Oregon.

Please fill out the application completely and accurately. Missing information or attachments may delay the approval of your application or cause the application to be returned. Keep a copy of the application for your records.

1. PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Social Security # (required): _____ Reciprocity State: _____

2. CONTACT INFORMATION

Mailing Address: _____ ☐ Work ☐ Home
City: _____ State: _____ Zip: _____ County: _____
Outside of US? Country: _____ Postal Code: _____
Work Phone: _____ Cell Phone: _____ Home Phone: _____
Email: _____

3. CURRENT CERTIFICATION INFORMATION

Name of Certifying Agency/Authority: _____ State/Province: _____
Contact: _____
Cert Type & Level: _____ Expiration Date: _____ ☐ copy attached
Cert #: _____ Date of Last Exam: _____ Score: _____ %

4. EDUCATION & EMPLOYMENT HISTORY

Date awarded High School Diploma or GED: _____ ☐ copy attached ☐ on file with DWS
☐ Date awarded College Degree: _____ Major: _____ ☐ copy attached
☐ I have completed an **Employment History Record** and **Affidavit of Employment** for each water related job.
Are you currently employed in Oregon? ☐ Yes ☐ No Other: _____
Name of Oregon PWS: _____ PWS ID # 41- _____

5. CERTIFICATIONS & FEES (SELECT THE ONES YOU ARE APPLYING FOR)

☐ **Distribution Level:** ☐1 ☐2 ☐3 ☐4 ☐ **Treatment Level:** ☐1 ☐2 ☐3 ☐4

First Initial of Last Name	Year	1 C rt Fee	2 Cert Fee	Expires
A-K	Even	\$ 50	\$ 100	12/31 this year
	Odd	\$ 100	\$ 200	12/31 next year
L-Z	Even	\$ 100	\$ 200	12/31 next year
	Odd	\$ 50	\$ 100	12/31 this year

☐ **Check:** Make check out to OHA Cashier. Sign and mail all documents to PO Box 14260 Portland, OR 97293
☐ **Credit Card:** pay online www.healthoregon.org/payopcert. If you have never been certified enter D_000 for your cert#.
This application is being paid for by: ☐ Employee ☐ Employer ☐ Other: _____
Sign and send all documents (include payment receipt) by **Email:** dws.opcert@odhsoha.oregon.gov
Mail: DWS – OpCert; 800 NE Oregon St, Suite 640; Portland, OR 97232, or **Fax:** 971-673-0694 Attn: OpCert

6. 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:** _____

Office Use Only

☐ Fee Paid ☐ refund ☐ Education ☐ Need more Info: _____ ☐ Approved
☐ owe additional \$ _____ ☐ Experience ☐ Cert #: _____



Employment History

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Applicant Name: _____ Cert #: _____

Describe in detail ALL work duties and responsibilities you performed. If you need additional pages, make a copy of this page and attach it to the application. Begin with your current or most recent employer first. **Please print clearly.**

EMPLOYER #1

Employer: _____ PWS ID #41- _____

Employer's
Address: _____

Employer's Phone: _____ Email: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Contract Job: ☐ Yes ☐ No

Dates Employed: __/__/__ to __/__/__ Total # of Months Employed: _____

☐ Full Time ☐ Half time ☐ less than ½ time: _____ # of hours per week

Describe all duties you perform, be detailed: _____

EMPLOYER #2

Employer: _____ PWS ID# 41- _____

Employer's
Address: _____

Employers Phone: _____ Email: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Contract Job: ☒ Yes ☐ No

Dates Employed: __/__/__ to __/__/__ Total # of Months Employed: _____

☐ Full Time ☐ Half time ☐ Less than ½ times: _____ # of hours per week

Describe all duties you perform, be detailed: _____



Affidavit of Employment

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Fill out a separate Affidavit of Employment for each direct water related job you are claiming. **Please print clearly.**

APPLICANT INFORMATION

Applicant Name: _____ Cert #: _____

Job Title: _____

PWS Name: _____ PWS ID #41- _____

Company Name: _____

(This line is for the name of the company that contracts services to the PWS)

Address: _____

City: _____ State: _____ Zip: _____

EMPLOYMENT DETAILS

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

JOB DUTIES

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity you perform while in employment with this system.

O&M = Operation and Maintenance, WWC= Waste Water Collections, WWT = Waste Water Treatment

Water Distribution (WD) Job Duties

- ☐ Water Quality Testing (i.e. bacteria sampling)
- ☐ O&M of Booster Station/Pumps and Motors
- ☐ O&M of Storage Tanks
- ☐ O&M of Valves
- ☐ O&M of Cross Connection Program
- ☐ Installation of Taps/Pipelines/Service Connections
- ☐ Leak Detection/Repairs
- ☐ Distribution System Flushing

Water Treatment (WT) Job Duties

- ☐ Performance of Lab Tests
- ☐ O&M of Hypochlorination & Gas Chlorination System
- ☐ Calculation of CT Values
- ☐ Corrosion Control, chemical used: _____
- ☐ O&M of Fluoride Feed System
- ☐ O&M of Coagulant Feed System
- ☐ O&M of Conventional/Direct Filtration System
- ☐ O&M of Slow Sand Filter
- ☐ O&M of Membrane Filtration System
- ☐ O&M of Cartridge, Bag, or Diatomaceous Earth Filter

The % of time spent on the activities checked above

WD Operator = ____ % of time
WT Operator = ____ % of time
WWC Operator = ____ % of time
WWT Operator = ____ % of time
Other Duties = ____ % of time, describe other duties: _____

Experience Type

- ☐ Employed as a water operator for ____ months
- ☐ Operational Decision Making for ____ months

FILTRATION ENDORSEMENT (ONLY COMPLETE IF YOU ARE APPLYING FOR THE FE ENDORSEMENT)

ODM= Operational Decision Making

☐ ODM at T2 or higher for ____ months (you need at least 12 at a treatment plant with conventional or direct filtration)

STATEMENT OF AUTHENTICITY

Only the immediate supervisor or the DRC of the system indicated above may verify & sign this document.
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 #: _____

Thank you for applying for an Oregon Drinking Water Reciprocity Operator Certification. To obtain certification by reciprocity in Oregon, applicants must possess current, valid certification in another state or province which has a recognized certification program substantially equivalent to the requirements in Oregon.

If your experience and education are determined to meet Oregon's requirements, a certification may be issued in accordance with Oregon's rules governing operator certification. Missing information or attachments may delay the approval of your application or cause the application to be returned. Keep a copy of the application for your records.

The instructions below will help you fill out the operator certification application.

- After completing your application, make a copy to keep for your records before submitting it.
- You may submit a copy of your application and supporting documentation 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.
- If you are approved for a reciprocity certification you will be mailed a certificate.

Need help determining which level of certification you can apply for, or how to calculate your experience?

- **Operating Experience** must have been gained through direct, "hands-on" operation of water system facilities and includes but is not limited to, decisions related to water quality or quantity that may affect public health.
- **Distribution Experience:** in one of the following fields, not to exceed ½ of the total experience required: wastewater collection, water treatment, cross connection control, industrial or commercial process water treatment.
- **Treatment Experience:** in one of the following fields, not to exceed ½ of the total experience required: wastewater treatment, wastewater treatment laboratory, water distribution, industrial or commercial process water treatment.
- The chart below is from OAR 333-061-0235 and will help you determine how much education and experience you need for each level of certification.

Cert Type & Level <i>D= Distribution T=Treatment</i>	Experience & Post High School Education		ODM Experience
	Experience ¹	Education ²	
D/T Level 1	12 months	None	None
D/T Level 1	None	12-month certificate or associate degree in an Authority-approved water & environmental technology program.	None
D/T Level 2	36 months	None	None
D/T Level 2	24 months	12 months	None
D/T Level 3	96 months	None	30 months
D/T Level 3	60 months	12 months	30 months
D/T Level 3	48 months	24 months	24 months
D/T Level 3	36 months	36 months	18 months
D/T Level 4	120 months	None	36 months
D/T Level 4	84 months	12 months	30 months
D/T Level 4	72 months	24 months	30 months
D/T Level 4	60 months	36 months	30 months
D/T Level 4	48 months	48 months	24 months

- One year of experience is equivalent to 12 months of full-time employment with 100% of the applicant's time dedicated to activities directly related to the certification they are applying for.
- Operating experience earned at a water treatment plant or distribution system is considered qualifying experience for certification up to 1 classification level higher than that of the water system facility where the experience was earned.

Reciprocity Application Packet Instructions

1. Personal Information

- Provide your first name, middle initial and last name.
- Social Security # is required for certification. If this is your very first certification with DWS we cannot process your application without your social security number. If you already have an active certification with DWS, you can leave the field blank and check the box 'Already on File'.
- Reciprocity from State: What State do you currently have an active drinking water operator certification from?

2. Contact Information

- Address: Provide the mailing address where you want certification and correspondence from this office to be mailed. Identify whether this is your work address or home address.
- If you are applying for reciprocity from outside of the United States, please provide the Country and Postal Code.
- Phone: Provide at least one phone number.
- **Email:** We may use your email to contact you about your application.

3. Current Certification History

- Name of current certifying agency/authority and State/Province.
- Contact for the certifying agency/authority
- Current certificate type, level, expiration date, certification number, date of last exam, and exam score. Don't forget to attach a copy of your certification

4. Education & Employer Information

- Date awarded high school diploma or GED. Don't forget to attach a copy to the application.
- If you have a college degree, please provide graduation year, and major. Provide a copy of your diploma.
- You will need to complete an employment history form and affidavit of employment form for each water related job you have had.
- Let us know if you are currently employed in Oregon. If Oregon employment is pending, select other and write pending.
- Provide the name of the Oregon public water system name and ID # of the Oregon water system you are currently or will be working at.

5. Certification & Fees

- Certification: Select all the certification(s) you are applying for.
- **Fees:** The two-year certification cycle is split up based on your last name.
- Last names that begin with A-K expire in even numbered years.
- Last names that begin with L-Z expire in odd numbered years.
- Fees are based on where we are in the certification cycle at the time that you apply.
- Fees are prorated by 50% if applications are submitted ½ way through the cycle.
- Please use the chart below to determine your application fee.

First Initial of Last Name	Year	1 Cert Fee	2 Cert Fees	Expires
A-K	Even	\$50	\$100	12/31 this year
	Odd	\$100	\$200	12/31 next year
L-Z	Even	\$100	\$200	12/31 next year
	Odd	\$50	\$100	12/31 this year

- Pick one payment option
 - **Check:** Make your check out to OHA Cashier
Sign and mail all documents to: OHA Cashier; PO Box 14260; Portland, OR 97293
 - **Credit Card:** Pay online www.healthoregon.org/payopcrt
 - Sign and send all documents (including payment receipt) by mail, email, or fax.
 - Email: dws.opcert@odhsoha.oregon.gov, Mail: DWS-OpCert; PO Box 14260; Portland, OR 97293
Fax: 971-673-0694

6. Certify & Sign

- The applicant must sign and date the Reciprocity Operator Certification application. Unsigned applications cannot be processed and will be returned.

Employment History form *(attached as page 2)*

- Complete an “Employment History” form for each water related job you have held.
- The form allows you to include two jobs per page, make additional copies of page 2 as necessary.
- Not sure of the water system ID, address, phone number? Check Data online www.yourwater.oregon.gov and search by water system name.
- Submit an original or a copy with your application.

Affidavit of Employment form *(attached as page 3)*

- Complete an Affidavit of Employment for each water related job you have held. It must be signed by the owner, immediate supervisor, or the DRC of the system the experience was obtained at.
- Make additional copies of page 3 as necessary.
- **Operational Decision Making (ODM)** means having responsibility for making decisions among alternatives in the performance of the water treatment plant or the water distribution system regarding water quality or quantity which affect public health. Only a certified operation can make operational decisions and earn credit for ODM.
- The affidavit must be **signed by your immediate supervisor or the DRC** for the water system.
- Submit an original or a copy with your application.

Additional information and forms at www.healthoregon.org/opcert

Need help? Contact the program 971-673-0321 or email dws.opcert@odhsoha.oregon.gov