

**Section D
Education**

Date awarded high school diploma or GED: ____ / ____ / ____ (include copy)

College: _____ Year(s) _____ Degree _____ Major _____

**Section E
Employer Information (see instructions)**

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____

Number of Months Employed: _____ (circle one): Full Time Half Time Less than 1/2 time (# of hrs/week): _____

Supervisor: _____ Phone: (____) _____
(Name) (Certification type & level)

Please use the lines below to describe **ALL the duties** you perform(ed) at this place of employment. Attach separate sheet if needed for additional documentation. Experience: See Oregon Grade Level Prerequisites attached.

**Section F
Oregon Employment**

Are you now employed in Oregon? Yes No Name of PWS (potential) employer: _____

**Section G
Payment**

Reciprocity application review fees are non-refundable. Please see Instructions for complete application packet requirements. Make Check payable to: **OHA-State of Oregon**

Please mail completed application packet to:
Cashier
Oregon Health Authority
PO Box 14260
Portland Oregon 97293

**Section H
Statement of Authenticity**

It is a violation subject to penalties and/or 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.

I hereby certify that to the best of my knowledge all statements made on this application and all attachments are true and correct. I further authorize the Department of Human Services to contact my references and employers (past and present) for verification. I understand that this certification can be denied or revoked if obtained by fraud or deceit.

Signature of Applicant: _____ Date: _____

This must be signed and dated.

Instructions for Reciprocity Application

Operators looking for reciprocity with Oregon must have an Oregon job and/or be living in Oregon

Application Packet must include:

- Copy of your High School Diploma or GED***
- Copy of your current certificate***
- Copy of the regulation under which that agency certifies water system operators***
- Completed application form and affidavit***
- Send required fees (\$100 for each certification requested)***

Section A: General Information

Date Fill in today's date
Reciprocity From Fill in the State from which you hold your current certificate
Social Security Number Fill in your SS# (This is a requirement in Oregon for issuing a license)
Applicant Name Fill in applicants last name, first name and middle initial
Address/Email Fill in your Address, City, State and Zip. Fill in your email address
Telephone # Fill in your telephone #
Country Fill in the country where you live and postal code if not in the U.S.
Other Certifications Check the appropriate boxes

Section B: Application Type

Certification Type Check the appropriate boxes for the type and level of this reciprocity

Section C: Current Certification Information *(send copy of current certification)*

State or Province Fill in the State or Province where you hold your current certificate
Certifying Authority Fill in the name of the agency of the certifying authority
Name Fill in the name of the State Operator Certification Coordinator
Phone Number Fill in the phone number of the State Operator Certification Coordinator
Certificate Type and Level Fill in your current certificate type and level
Expiration Date Fill in the expiration date of your current certificate
Certificate # Fill in your current active certificate number
Date of Last Exam Fill in the date of your last exam and passing score

Section D: Education (Send Copy)

Graduation Date Fill in the date you graduated from high school or earned your GED
College Fill in the name of the college, the number of years in attendance, the degree and major

Section E: Employer Information

Employer and Address Fill in the employer name and address from the State from which you wish reciprocity
Your Title Fill in your work title with this employer
Dates Employed Fill in the dates you worked for this employer
No. of Months Employed Fill in the number of months you were employed with this employer
Work Status Check whether the work was full time, half time, or less than half time *(list the hours per week when less than half time)*
Supervisor Fill in the full name of your immediate supervisor and telephone number
Job Duties List and describe ALL DUTIES that you performed at this place of employment

Section F: Oregon Employment

Employer Fill in the name of the public water system of your current (or potential) Oregon employer

Section H: Statement of Authenticity

Verification Sign and date the form verifying that all the information is correct and true

Affidavit of Employment (To be completed by the Supervisor)

For inclusion with reciprocity application, which requires a check, send to: **Cashier, Oregon Health Authority, PO Box 14260, Portland, OR 97293-0260**. When mailing to Operator Certification Staff, send to: **Attn: Op Cert, Drinking Water Program, PO Box 14450, Portland, OR 97293-0450**.

Instructions to Supervisor/Employer

This Affidavit of Employment is required for certification as a water system operator in the State of Oregon. It is used to verify employment of applicants applying for certification through reciprocity. As the **SUPERVISOR** or Employer of a water system operator, it is **YOUR RESPONSIBILITY** to verify his or her employment for work related experience attained while under your employment or supervision. Please fill in all of the requested information on the Affidavit of Employment. The following information is to assist you in completing the Affidavit.

PWS = Public Water System

WD = Water Distribution

WT = Water Treatment

ODM = Operational Decision Making

DRC = Direct Responsible Charge

WTP = Water Treatment Plant

Employee Name	Fill in the last name, first name and middle initial of the applicant.
Job Title	Fill in the actual job title of the employee.
Certification #	Fill in the certification number (<i>if applicable</i>) of the applicant.
Company Name	Fill out only when your company contracts services to a PWS and you are verifying that employment for an applicant for certification.
PWS Name	Fill in the name and address of the PWS where the employee attained the experience.
PWS I.D. #	Fill in the I.D. number assigned to the PWS by the Drinking Water Program.
Dates of Employment	Indicate whether or not the applicant is currently employed. Fill in the Month/Day/Year of the employee's <u>drinking water experience employment</u> .
Work Status	Fill in the number of months worked and check whether the work was fulltime, halftime, or less than half time (<i>list the hours per week when less than half time</i>).
Job Duties	Check the appropriate drinking water duties employee performed <u>while in your employment or under your supervision</u> .
Job Description Type	Check the appropriate job description of the employee. Fill in the total percentage of time the employee <u>spent</u> or was <u>responsible</u> for Treatment or Distribution. Include percentages for Wastewater and/or Other Water Related and list Other (such as street maintenance, parks, map design, meter reading, storms, irrigation, grounds, sidewalks, conservation).
Experience Type	Check the appropriate type of experience gained while under your supervision or employment. We are looking for actual type of experience gained. For example: Was the employee's experience in the operational decision making which includes working as a shift lead person? If the employee has gained experience in more than one of the options, please check all appropriate boxes and fill in the number of months experience was gained in each type of experience.
Statement of Authenticity	Sign and date the form verifying that all the information is correct and true. Do not allow anyone else to sign for you. After you have signed the form please fill in your daytime telephone number, print or type your name in the space provided and list your working title. <u>Do not sign an incomplete form.</u> An applicant cannot sign here. Save paper and print double sided!

Affidavit of Employment (to be completed by Supervisor)

One page needed for each place of employment

Last name of applicant _____ First _____ MI _____

Job Title _____ Certification # _____

PWS Name: _____ (Oregon)PWS I.D. # 4 1

PWS Address _____

Company Name: _____

(This line is for name of company that contracts services to Public Water Systems)

Address: _____ City: _____ State: _____ ZIP: _____

Verification of Employment and Experience

Applicant: is currently employed was employed Starting from: ___/___/___ to ___/___/___

Total number of months employed: _____ Full Time Half Time Less than 1/2 time (# of hrs/week) _____

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity this employee performs or has performed while in your employment or under your supervision. List the total percentage of time this employee has spent or is responsible for all of the activities which you checked. (O & M = Operation and Maintenance, circle if only one or the other.)

Water Treatment Job Duties

- Performance of Laboratory tests
- O & M of Coagulant Feed System
- Calculation of CT values
- O & M of Conventional or Direct Filtration System
- O & M of Fluoride Feed System
- O & M of Hypochlorination & Gas Chlorination System
- O & M of Slow Sand Filter
- O & M of Cartridge, Bag, or Diatomaceous Earth Filter

Water Distribution Job Duties

- O & M of Storage Tanks
- O & M of Valves
- O & M of Cross Connection Program
- Distribution System Flushing
- Installation of Taps/Pipelines/Service Connections
- Leak Detection/Repairs
- O & M of Booster Station/Pumps and Motors
- Water quality testing (sampling) (i.e. Bacteria, etc.)

Job Description Type

(Check all that apply. Percentages MUST be completed)

- Water Distribution Operator (WD) % of time= _____
- Water Treatment Operator (WT) % of time= _____
- Wastewater Collections Operator % of time= _____
- Wastewater Treatment Operator % of time= _____
- Other ²Duties % of time _____ list duties here - _____

Experience Type

- Employed as a Water Operator for _____ months
- Operational Decision Making¹ for _____ months

¹ **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. (This includes certified operators doing DRC work but are not certified at level required for system.)

² **Other duties** may include park maintenance, storm water, streets, sidewalks, inventory, irrigation, vehicle maintenance, to name a few.

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I have completed the information on this page.

Supervisor's Signature: _____ Phone #: (____) _____

Supervisor's Name (printed) _____ Cert # _____ Title: _____

Are you DRC of this system? Yes No Date: _____

This reciprocity application is being paid by: Employee Employer Other: _____

☞ **Are all blanks completed?**

Classifications and Qualifications for Certification of Operators

Must be met prior to acceptance for exam

Classification of water operator	Minimum experience required	Education/ substitution	Operational Decision Making Experience
Small Water System		.6 hours of approved State training	
WD or WT 1	12 months	None	None
		Associates degree in Water Technology	
WD or WT Level 2	36 months	None	None
	24 months	12 months	
WD Level 3	96 months	None	30 months
WD or WT Level 3	60 months	12 months	30 months
	48 months	24 months	24 months
	36 months	36 months	18 months
WD Level 4	120 years	None	36 months
WD or WT Level 4	72 months	24 months	30 months
	60 months	36 months	30 months
	48 months	48 months	24 months
Filtration Endorsement	Level 2 operator		One year at a conventional or direct filtration treatment plant

Each year of experience is equivalent to 12 months of full-time work in water treatment or distribution with 100% of time spent on activities in the certification desired (treatment or distribution). *(See rules regarding substitute experience.)*

45 quarter hours or 30 semester hours of professional continuing education can be substituted for 1 year of post high school education.

◆ Small Water System= Community or non-transient non-community having less than 150 connections using groundwater as its source or purchasing its water without adding any additional treatment

◆ ODM= Operational Decision Making

◆ FE = Filtration Endorsement (This requires an exam but no additional yearly certification fees.)

◆ Individual contractors must submit a signed contract by both parties to the DWS before work can begin to ascertain that the contract is valid according to DWS rules.