



Affidavit of Employment

Operator Certification Application | Drinking Water Services
Phone: 971-673-0321 | Fax: 971-673-0694 | dws.opcert@state.or.us

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 1/2 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 #: _____