



**RECIPROCIITY Operator Certification Application | Drinking Water Services**

Phone 971-673-0321 | Fax 971-673-0694 | [dws.opcert@odhsoha.oregon.gov](mailto:dws.opcert@odhsoha.oregon.gov)

Fill out the application completely and accurately. If you have not taken the ABC exam for your current certification level, you will not be granted reciprocity in Oregon. If your experience and education match Oregon Requirements, then apply for certification using the in-state operator certification application. Missing information or attachments may cause the application to be returned and will delay the exam and certification process.

Keep a copy of the application for your records. **Instructions are on page 5. Please print clearly.**

**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  **Filtration Endorsement**

First Initial of Last Name	Year	1 Cert Fee	2 Cert Fee	3 Cert Fees	Expires
A-K	Even	\$50	\$100	\$150	12/31 this year
	Odd	\$100	\$200	\$300	12/31 next year
L-Z	Even	\$100	\$200	\$300	12/31 next year
	Odd	50	\$100	\$150	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/opcert](http://www.healthoregon.org/opcert). If you have never been certified enter D\_000000 for your cert #.  
 Sign and send all documents (include payment receipt) by **Email:** [dws.opcert@odhsoha.oregon.gov](mailto:dws.opcert@odhsoha.oregon.gov),  
**Mail:** DWS – OpCert; 800 NE Oregon St, Suite 640; Portland, OR 97232, or **Fax:** 971-673-0694 Attn: OpCert  
 This exam application is being paid for by:  Employee  Employer  Other: \_\_\_\_\_

**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 1/2 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 1/2 times: \_\_\_\_\_ # of hours per week

Describe all duties you perform, be detailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Affidavit of Employment

## Operator Certification Application | Drinking Water Services

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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 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 #: \_\_\_\_\_

Thank you for applying for an Oregon Drinking Water Reciprocity Operator Certification. The below instructions 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 an operator certification.

**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 on the 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 <sup>1</sup>	Education <sup>2</sup>	
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
Filtration Endorsement	L 2 operator		12 months at a conventional or direct filtration treatment plant

- 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 were 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	3 Cert Fees	Expires
A-K	Even	\$50	\$100	\$150	12/31 this year
	Odd	\$100	\$200	\$300	12/31 next year
L-Z	Even	\$100	\$200	\$300	12/31 next year
	Odd	\$50	\$100	\$150	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 <https://apps.oregon.gov/ECommerce/DHSOHA/EPS/Program?key=13>
    - Sign and send all documents (including payment receipt) by mail, email, or fax.
    - Email: [dws.opcert@odhsoha.oregon.gov](mailto: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.

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**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](http://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.
- **Filtration Endorsement:** only fill in this section if you are applying for a FE. To apply, you must currently have a Treatment Level 2 certification and have 1-year of ODM experience at a water treatment plant with conventional or direct filtration treatment.
- 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.

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Additional information and forms at [www.healthoregon.org/opcert](http://www.healthoregon.org/opcert)  
**Need help? Contact the program 971-673-0321 or email [dws.opcert@odhsoha.oregon.gov](mailto:dws.opcert@odhsoha.oregon.gov)**