



DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Water/Wastewater Operator Certification

Application for Certification of Competency

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Important Information

An original, notarized application must be filed with the Certification Office a minimum of sixty days (postmark date) prior to the examination date and must be accompanied by a \$65.00 non-refundable application fee. Applications received less than sixty days prior to an exam will be considered for the next scheduled exam. Information regarding incomplete applications must be returned in writing within ten days after receipt of request, or prior to the Board meeting (whichever comes first), or application will be denied. Copies of the original application are not acceptable.

Applicants requesting disability accommodation for the Water and Wastewater Certification Examinations must give notice to the Operator Certification Board by marking the "Disability" section on page 6 of the "Application for Certificate of Competency". The application must be completed and submitted as specified in Rule 1200-1-5-.01.

In order to process an application for certification as a water or wastewater operator, we have to ask for certain personal identity information. It is required that you submit this information under state and federal law T.C.A. §36-5-711 and 42 USC §654a. This information is for the use of the department and is not disclosed to the public.

Effective May 22, 2007, verification of work experience must be provided in a written document signed by a certified operator of similar or higher classification, familiar with the applicant's work experience.

Read the application carefully and follow the instructions on the application. The information provided will be used to determine your qualifications to take the exam. An incomplete application will cause delays and possible denial of your application for this examination. Be sure to complete each area of the application and include all required documentation.

Applications with job descriptions that conflict with previous examination applications will be denied.

The "Rules Governing Operator Certification" provide for the revocation of the certificate and the assessment of a civil penalty if it is determined that the certificate was obtained through fraud, deceit or by the submission of inaccurate data regarding your qualifications on the application for a certificate.

Instructions for Completing the Application

1. Check "by examination" or "by reciprocity". Reciprocity application should indicate state, license classification and license number.
2. Circle one (1) classification. A separate application must be submitted for each classification for which you are applying. There is a \$65 nonrefundable fee for each classification of certification for which you apply.

3. Complete all the personal information. All correspondence concerning your application will be sent to the address on the application.
4. Complete the education section. A copy of your high school diploma or GED must be submitted with your application unless you have one on file or are having transcripts submitted.
5. College transcripts must be submitted directly to the Board by the college or university, if college work is being claimed as credit for experience, or the degree is required.
6. List all courses related to operations and attach proof of completion. If you are enrolled in a course, that may be noted as well.
7. Job pages - The job page should accurately reflect the work activities you perform on your job for the time period specified.

Begin with your present employment and work backwards listing your experience. Complete a job page for each job. Each time you changed employers or each time your duties significantly changed, complete a new job page. If you need additional pages, make copies and attach them to the application.

The top of each job page asks for the beginning and ending employment dates. This should reflect the month and year you began this job or these activities and the month and year you ended this job and activities.

You will notice four sections (or Work Areas) on each job page. One for Water Treatment, Distribution System Operation, Wastewater Treatment and Collection System Operation. You should use the checklist to document ALL experience that you have in EACH Work Area. At the end of each Work Area you will notice the "Total % time spent in the above checked activities" blank. You should specify the percentage of your total time dedicated to this Work Area. The entire job page should not total more than 100%

If you held more than one position with the same employer with different duties or different levels of responsibility, list the positions separately as though they were for separate employers.

List any duties not covered at the bottom of the page or feel free to attach additional information.

8. The application must be signed and notarized.

APPLICATION FOR CERTIFICATE OF COMPETENCY

Water and Wastewater Operator Certification Board

1. Mark either "Examination" or "Reciprocity" to indicate how you want your application considered. Reciprocity applicants should indicate state, license classification, and license number.

Application for Certification by: Exam ____ Reciprocity ____ (If reciprocity) State ____ Class ____ No. ____

Do you presently hold a water or wastewater certificate in the state of Tennessee? Yes ____ No ____

2. Circle only 1 classification. A separate application must be submitted for each classification for which you are applying.

Wastewater Classifications

Water Classifications

For Board Use Only

Biological Natural

Small Water System

Wastewater Treatment 1

Water Treatment 1

Wastewater Treatment 2

Water Treatment 2

Wastewater Treatment 3

Water Treatment 3

Wastewater Treatment 4

Water Treatment 4

Collection Systems 1

Distribution Systems 1

Collection Systems 2

Distribution Systems 2

Education _____
Months of Experience _____
Work O.E. _____
College O.E. _____
Related O.E. _____
TOTAL _____
Recommendation _____
Reviewer _____
Date _____
Date of Exam _____
Comments _____

3. Complete all of the following personal information. All correspondence concerning your application will be sent to the address entered below.

Last Name: _____ First Name: _____ M/I: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home Phone: (____) _____

Social Security Number: _____ Birthdate: ____/____/____

Employment County: _____ Resident County: _____

Currently Employed At: _____

Tennessee Facility I.D. Number: PWSID# _____ NPDES# _____

Height _____
Weight _____
Eye Color _____
Sex _____

Check the division of the State where you wish to take the exam:

East _____ Middle _____ West _____

4. A copy of your high school diploma or GED certificate must be submitted with your application unless you have one on file or are having college transcripts submitted.

Are you a high school graduate? Yes _____ No _____ Date of graduation _____

If not, do you have a GED certificate? Yes _____ No _____ Date received GED _____

5. If a college degree is required for the classification for which you are applying or if college work is being claimed as credit for experience, transcripts must be submitted directly to the Board by the college or university. If you are only using your college transcript for proof of high school education, the transcript does not have to be mailed from the school.

Have you graduated from a college or university? Yes _____ No _____

School _____ Year _____ Degree _____ Major _____

6. List courses and seminars which relate to water/wastewater operations. Proof of successful completion must be included, and course descriptions or catalogs should be attached.

School, Seminars, and Other Training in Water or Wastewater Operations		
Course	Provider	Length of course

Instructions for Completing Job Pages:

7. The following three pages are available for describing related job activities. Complete a job page for each related job. If you need additional pages, make copies of these pages and attach to this application. The information provided will be used to determine your qualifications to take the exam.

Begin with your present or most recent job. List NPDES or PWSID numbers for Tennessee facilities. For each facility that does not have a Tennessee I.D. number, request and complete a Supplement A/B Form.

On each job page are four checklist sections describing operating activities. Place a check mark beside each activity you performed while in that job. At the bottom of each section, list the total percent of time required to perform the activities checked. If the checklist does not adequately describe all of your duties and experience, use the blanks at the bottom of the page for additional information. The total percentage for any job page must not exceed 100%.

To reach your local
ENVIRONMENTAL ASSISTANCE CENTER
 Call 1-888-891-8332
 OR 1-888-891-TDEC

9. Verification of work experience must be documented by a certified operator of a similar or higher classification, familiar with the applicant's work experience. However, if no such person is available, experience may be documented by a person in authority with the system.

I hereby certify the information contained in the work experience section of this application is true and correct to the best of my knowledge.

I have observed this applicant for _____ years.

Name of Certified Operator documenting work experience: (Please Print)	Certification Number (s):
Signature of Certified Operator:	

Complete This Section Only If A Certified Operator Of Similar Or Higher Classification Is Not Available.

Printed name and signature of person in authority of the applicant's system documenting work experience: <i>(if different than above)</i>	System's Person in Authority Name and Position Title: <i>(if different than above)</i>
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Name of facility/utility/system:	Telephone number: <i>(include area code)</i>
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Address: *(number and street)*

City:	State:	Zip code:
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10. Application must be signed, dated, and notarized. By signing, applicant verifies that all information supplied on this application is correct to the best of his/her knowledge.

I certify that the information submitted is correct to the best of my knowledge.

_____	_____
Date of Application	Signature of applicant

Sworn and subscribed before me this _____ day of _____.

Notary Public

My commission expires _____ **NOTARY SEAL**

Disability: Applicants with disabilities which affect their ability to participate in a regular written examination may be eligible for an alternative examination and/or assistance or accommodation. Applicants deemed as unable to participate in regular written examination procedure may substitute another examination method or receive assistance or accommodation. To receive information call: (615) 898-8090 or check the box below.

Please mail information on alternative examinations, assistance and accommodations