



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE BOARD FOR CERTIFICATION OF WATER AND WASTEWATER SYSTEMS OPERATORS

400 Market St., P.O. Box 8454
Harrisburg, PA 17105-8454
Phone: 717-787-5236

APPLICATION FOR CERTIFICATION UPGRADE OR DOWNGRADE TO OPERATE WATER OR WASTEWATER SYSTEMS

Have you....

☐ Completed all parts of the application? Your application will be returned if not complete.

There is no fee to upgrade OR downgrade in class only.

You are now ready to send your application to the address listed above.

Certification Category:				<input type="checkbox"/> Water	<input type="checkbox"/> Wastewater
Part 1: APPLICANT INFORMATION					
PRINT CLEARLY					
NAME		LAST		FIRST	MIDDLE INITIAL
Street - PO BOX					
CITY		COUNTY		STATE	ZIP
SS# (LAST 4 ONLY)	CLIENT ID (if you have one)		E-MAIL ADDRESS		
HOME TELEPHONE NUMBER: () Area Code		TELEPHONE NUMBER: (8:00 a.m. to 4:30 p.m.) () Area Code		BIRTHDATE	
Part 2: CERTIFICATE REQUEST					
See Application Instructions					
CERTIFICATE REQUESTED THROUGH:					
<input type="checkbox"/> UPGRADE IN CLASS ONLY CLASS REQUESTED _____ If upgrading your license with subclasses, you must use the upgrade application sent to you by the Board with your exam results. Upgrades in subclasses are subject to exam fees.					
<input type="checkbox"/> DOWNGRADE IN CLASS ONLY CLASS REQUESTED _____ You may only downgrade to the class size of the plant where you are currently employed.					
Part 3: EDUCATION					
<input type="checkbox"/> High School Diploma/GED (Exemption if supervisor verifies you were working in the system February 21, 2002) <input type="checkbox"/> Course Completion Certificates <input type="checkbox"/> Certificate Program in Water or Wastewater approved by DEP (CP) <input type="checkbox"/> Associate's Degree in Water and/or Wastewater Systems approved by DEP (ASP) <input type="checkbox"/> Associate's Degree (AS) <input type="checkbox"/> Bachelor's Degree (BS or BA) or an Engineering Degree (BS Eng)					
Your official college transcript (not copy) and/or course completion certificates (CCC) <u>MUST</u> accompany this application to qualify for education credit towards your experience.					

Part 4: OPERATING EXPERIENCE**(4A) System Name & Permit #:**

System Flow GPD or MGD:

Street:

City:

State:

ZIP Code:

Your Position Title:

Date From (Mo/Yr.):

Date To (Mo/Yr.):

Check all technologies for which you have process control experience at the system listed in 4A:☐ **WATER SYSTEM*****Treatment Technology Process Control Experience***

- ☐ Subclass 1 – Conventional Filtration
- ☐ Subclass 2 – Direct Filtration
- ☐ Subclass 3 – Diatomaceous Earth Filtration
- ☐ Subclass 4 – Slow Sand Filtration
- ☐ Subclass 5 – Cartridge or Bag Filtration
- ☐ Subclass 6 – Membrane Filtration
- ☐ Subclass 7 – Corrosion Control and Sequestering
- ☐ Subclass 8 – Chemical Addition
- ☐ Subclass 9 – Ion Exchange and Greensand
- ☐ Subclass 10 – Aeration and Activated Carbon Adsorption
- ☐ Subclass 11 – Gaseous Chlorine Disinfection
- ☐ Subclass 12 – Non-gaseous Chemical Disinfection
- ☐ Subclass 13 – Ultraviolet Disinfection
- ☐ Subclass 14 – Ozone Disinfection
- ☐ Subclass 15 – Laboratory Supervisor
- ☐ Distribution System (WE)

☐ **WASTEWATER SYSTEM*****Treatment Technology Process Control Experience***

- ☐ Subclass 1 – Activated Sludge
- ☐ Subclass 2 – Fixed Film Treatment
- ☐ Subclass 3 – Treatment Ponds and Lagoons
- ☐ Subclass 4 – Collection Systems (WWE4)
- ☐ Subclass 5 – Laboratory Supervisor

Process Control Activities – Check all below boxes which correspond to activities that you have performed at the system listed in 4A above:***List each subclass # for which you have experience pertaining to each specific task (ex. 1,8,12):***

- ☐ Collecting and analyzing chemical and biological samples related to process control
- ☐ Performing calculations related to process control
- ☐ Recommending appropriate process control measures
- ☐ Interpreting, compiling and completing monitoring data
- ☐ Participating in on-site assessment or evaluation of system processes
- ☐ Calibrating chemical feed pumps
- ☐ Preparing or standardizing chemical and biological solutions
- ☐ Using equipment to monitor and measure flows through a water or wastewater system
- ☐ Operation of mechanical equipment
- ☐ Maintenance of mechanical equipment

Provide specific detailed examples of process control activities you have completed at system listed in 4A:

IMPORTANT: Complete and submit a separate page 2 and page 3 for each system where you are claiming process control experience. Be sure to include the associated supervisor signature(s) for each system, and an accurate PWSID # and/or NPDES # for each associated facility. (see Form instructions for more details)

Part 5: CERTIFICATION HISTORYDo you hold a valid **water** treatment operator's certificate?☐ Yes ☐ No

Class & Subclass(es): _____

Certificate No.: _____

Do you hold a valid **wastewater** treatment operator's certificate?☐ Yes ☐ No

Class & Subclass(es): _____

Certificate No.: _____

Has your certificate ever been revoked, suspended or denied?

☐ Yes ☐ No

If yes, give date _____

ALL APPLICATIONS MUST BE NOTARIZED

I hereby certify that the statements made in this application are true and accurate to the best of my knowledge.

I understand that any statement made by me that is not accurate may be grounds for ineligibility for any certificate.

By signing this document, I agree to be legally bound and abide by all federal, state, and local laws, ordinances, and regulations relating to the treatment facilities for which I provide operational services. My signature also acknowledges that it is my responsibility to know, understand, and comply with all applicable statutes, regulations, and permits including, but not limited to, the Water and Wastewater Systems Operators' Certification Act (63 P.S. §§ 1001 – 1015.1), the Pennsylvania Clean Streams Law (35 P.S. §§ 691.1 – 691.1001), and the Pennsylvania Safe Drinking Water Act (35 P.S. §§ 721.1 – 721.17).

Signature of ApplicantNOTARY
SEALAFFIDAVIT
COMMONWEALTH OF PENNSYLVANIA_____
Notary PublicCOUNTY OF _____ SS
Sworn To And Subscribed Before Me This
_____ Day of _____, 20_____

This Commission Expires _____

SUPERVISOR and SUPERVISING CERTIFIED OPERATOR MUST SIGN BELOW (*may be the same person)

For experience requirements at a drinking water or wastewater treatment system, water distribution system or wastewater collections system, see page 1 and 2 of the application instructions. Your current and / or previous supervisor / supervising certified operator of the system(s) where you are claiming operating experience must complete this section. **If Supervisor was also a properly certified operator for the system, then only one signature is required:*

I hereby certify that _____ is / was (circle one) employed

Applicant's Name

part-time / full-time (circle one) at the _____ and performs

Name of System

operating duties as listed on Page 3 of this application, under the supervision of a properly certified operator(s) who holds the appropriate certification for the system where the experience is being claimed.

If part-time, how many hours worked per week? _____.

(Part-time is defined as working less than 220 days a year or less than 1760 hours a year)

I hereby certify the applicant has regularly performed these operating duties From: _____ To: _____.

Month/Year

Month/Year or Present

I have reviewed this application and attest that the information provided by the applicant and by me is true and accurate. I am aware that there are significant penalties for submitting false information including the possibility of loss of certification, fine and imprisonment.

Client ID of supervising certified operator
(*If supervisor is properly certified, only one signature is required below)

System PWS/NPDES Permit # _____
System Class & Subclass _____
Class sizes - A,B,C,D,E

Supervising Operator Print Name Legibly_____
Signature of Supervising Operator_____
Date_____
Supervising Op Business Phone # (w/ area code)_____
Supervisor Print Name Legibly_____
Signature of Supervisor_____
Date_____
Business Phone # of Supervisor (w/area code)