



**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.**

<b>Certification Category:</b>				<input type="checkbox"/> Water		<input type="checkbox"/> Wastewater	
<b>Part 1: APPLICANT INFORMATION</b>							
<b>PRINT CLEARLY</b>							
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
<b>Part 2: CERTIFICATE REQUEST</b>							
<b>See Application Instructions</b>							
<b>CERTIFICATE REQUESTED THROUGH:</b>							
<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.							
<b>Part 3: EDUCATION</b>							
<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)							
<b>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.</b>							

<b>Part 4: OPERATING EXPERIENCE</b>		
<b>(4A) System Name &amp; Permit #:</b>		System Flow GPD or MGD:
Street:	City:	State:    ZIP Code:
Your Position Title:	Date From (Mo/Yr.):	Date To (Mo/Yr.):
<b><i>Check all technologies for which you have process control experience at the system listed in 4A:</i></b>		
<input type="checkbox"/> <b>WATER SYSTEM</b>	<input type="checkbox"/> <b>WASTEWATER SYSTEM</b>	
<i>Treatment Technology Process Control Experience</i>	<i>Treatment Technology Process Control Experience</i>	
<input type="checkbox"/> Subclass 1 – Conventional Filtration <input type="checkbox"/> Subclass 2 – Direct Filtration <input type="checkbox"/> Subclass 3 – Diatomaceous Earth Filtration <input type="checkbox"/> Subclass 4 – Slow Sand Filtration <input type="checkbox"/> Subclass 5 – Cartridge or Bag Filtration <input type="checkbox"/> Subclass 6 – Membrane Filtration <input type="checkbox"/> Subclass 7 – Corrosion Control and Sequestering <input type="checkbox"/> Subclass 8 – Chemical Addition <input type="checkbox"/> Subclass 9 – Ion Exchange and Greensand <input type="checkbox"/> Subclass 10 – Aeration and Activated Carbon Adsorption <input type="checkbox"/> Subclass 11 – Gaseous Chlorine Disinfection <input type="checkbox"/> Subclass 12 – Non-gaseous Chemical Disinfection <input type="checkbox"/> Subclass 13 – Ultraviolet Disinfection <input type="checkbox"/> Subclass 14 – Ozone Disinfection <input type="checkbox"/> Subclass 15 – Laboratory Supervisor <input type="checkbox"/> Distribution System (WE)	<input type="checkbox"/> Subclass 1 – Activated Sludge <input type="checkbox"/> Subclass 2 – Fixed Film Treatment <input type="checkbox"/> Subclass 3 – Treatment Ponds and Lagoons <input type="checkbox"/> Subclass 4 – Collection Systems (WWE4) <input type="checkbox"/> Subclass 5 – Laboratory Supervisor	
<b><i>Process Control Activities – Check all below boxes which correspond to activities that you have performed at the system listed in 4A above:</i></b>		<b><i>List each subclass # for which you have experience pertaining to each specific task (ex. 1,8,12):</i></b>
<input type="checkbox"/> Collecting and analyzing chemical and biological samples related to process control		
<input type="checkbox"/> Performing calculations related to process control		
<input type="checkbox"/> Recommending appropriate process control measures		
<input type="checkbox"/> Interpreting, compiling and completing monitoring data		
<input type="checkbox"/> Participating in on-site assessment or evaluation of system processes		
<input type="checkbox"/> Calibrating chemical feed pumps		
<input type="checkbox"/> Preparing or standardizing chemical and biological solutions		
<input type="checkbox"/> Using equipment to monitor and measure flows through a water or wastewater system		
<input type="checkbox"/> Operation of mechanical equipment		
<input type="checkbox"/> Maintenance of mechanical equipment		
<b><i>Provide specific detailed examples of process control activities you have completed at system listed in 4A:</i></b>		

**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 HISTORY**

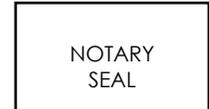
Do you hold a valid **water** treatment operator's certificate?  Yes  No  
 Class & Subclass(es): \_\_\_\_\_ Certificate No.: \_\_\_\_\_  
 Do you hold a valid **wastewater** treatment operator's certificate?  Yes  No  
 Class & Subclass(es): \_\_\_\_\_ Certificate No.: \_\_\_\_\_  
 Has your certificate 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 Applicant



AFFIDAVIT  
COMMONWEALTH OF PENNSYLVANIA

\_\_\_\_\_  
Notary Public

COUNTY 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 System PWS/NPDES Permit # \_\_\_\_\_  
 (\*If supervisor is properly certified, only one signature is required below) 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)