

Application for Certification Water and Wastewater Operator Certification Program

Pursuant to Section 38 of the *Water Resources Act*, SNL 2002 cW-4.01

For OETC Use Only	
Reviewed By	
Review date	
Experience. OK	
Education. OK	
Application Complete	
Operator No.	

Section A: Personal Information

First Name:	Initial	Last Name:	Address (PO Box or Street):	
Town or City:		Prov:	Postal Code:	Home Phone:
Home Email:			Work Email:	

Section B: Employment Information

Current Employer:	Facility(s) Operated:	Your Job Title:		
Work Address (PO Box or Street):	Town or City:	Prov/Territory:	Postal Code:	
Supervisor's Name:	Supervisor's Title:	Supervisor's Email:		
Work Phone:	Work Fax:			

Section C1: Present Certification Held

Operator-in-Training		Certificate #
Water Distribution	Class	Certificate #
Water Treatment	Class	Certificate #
Wastewater Collection	Class	Certificate #
Wastewater Treatment	Class	Certificate #

Section C2: Certification Exam Requested

Operator-in-Training	<input type="checkbox"/>			
WD	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
WT	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
WWC	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
WWT	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV

Is this a request for Transfer of Certification from another Province or Territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, transfer from what Province or Territory?	
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Section D: Current Work Experience Information				
Indicate your experience in the appropriate section: Water Distribution (WD); Wastewater Collection (WWC); Water Treatment (WT); and/or Wastewater Treatment (WWT). Indicate the amount of time spent at each activity in either hours per day, week or month.				
Employment Period:				
Employment Start Date:	Start Month:		Start Year:	
Currently employed as Operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, termination date:	
Water Distribution	Hours/Day:	Hours/Week:	Hours/Month:	
	Description of Duties:			
Wastewater Collection	Hours/Day:	Hours/Week:	Hours/Month:	
	Description of Duties:			
Water Treatment	Hours/Day:	Hours/Week:	Hours/Month:	
	Description of duties:			
Wastewater Treatment	Hours/Day:	Hours/Week:	Hours/Month:	
	Description of duties:			
Add additional pages if necessary				

Section E: Employment Verification by Supervisor			
Knowingly verifying false information may result in legal action and will invalidate this application			
Supervisor Declaration	I confirm that the information regarding employment history and work experience with this employer is true and accurate to the best of my knowledge.		
Supervisor Name and Title (please print)			
Supervisor's Signature		Date:	

Section F: Details on Direct Responsible Charge (DRC) Experience				
Complete this section only if operator is applying for Class III or Class IV certification				
Facility:				
Facility Classification	WD	WWC	WT	WWT
DRC Period	Start Month:	Start Year:	To Present (Y/N)	Other (Year/Month)
Supervisor Name and Title (please print)				

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Section G: Related Work Experience <i>Previous</i> to Present Occupation			
Complete this section only if you are adding to water and or wastewater operation experience from a previous employer.			
Previous Employer:		Facility Name:	
Employment Period:	Start Date:	Finish Date:	
Position Title			
Supervisor:			
Supervisor Contact Information			
Duties with previous employer			
Water Distribution	Hours/Day:	Hours/Week:	Hours/Month:
	Description of Duties:		
Wastewater Collection	Hours/Day:	Hours/Week:	Hours/Month:
	Description of Duties:		
Water Treatment	Hours/Day:	Hours/Week:	Hours/Month:
	Description of duties:		
Wastewater Treatment	Hrs./Day:	Hrs/Week:	Hrs./Mo:
	Description of duties:		
Add additional pages if necessary			

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Section H: Education and Training			
If not already on file, a copy of the High School Diploma or official transcript must be submitted. High School graduation means Grade 12 (Level III) from 1985 onward. To receive credit for Post Secondary courses, operators must submit a copy of the Degree, Diploma, Certificate etc., or transcript of marks for incomplete courses.			
High School Education			
Name of High School Attended:			
Grade Completed:	Date Completed (Month/Year):		
GED or High School Equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Post Secondary Education – College, Trades or Other Non University			
Name of Institution:		Program Attended:	
Start Date (month/year):		Completion Date (Month/Year):	
Certificate/Diploma Awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Journeyman's Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of Institution:		Program Attended:	
Start Date (month/year):		Completion Date (Month/Year):	
Certificate/Diploma Awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Journeyman's Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of Institution:		Program Attended:	
Start Date (month/year):		Completion Date (Month/Year):	
Certificate/Diploma Awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Journeyman's Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Post Secondary Education - University			
Name of University:		Degree Program Attended:	
Start Date (month/year):		Completion Date (Month/Year):	
Degree Awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, # of Credits:	
Name of University:		Degree Program Attended:	
Start Date (month/year):		Completion Date (Month/Year):	
Degree Awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, # of Credits:	

Section I: Declaration of Applicant		
Submitting false information may result in Certification Revocation and legal action by the Department of Environment and Conservation.		
I,	(Print Name)	Confirm that the information on this application is true and accurate to the best of my knowledge.
Applicant Signature		
Date (yyyy/mm/dd)		

Information for Applicants Regarding Documentation of Education

A copy of your High School Diploma, transcript, or GED must be submitted with this Application, along with a copy of Degree, Diploma, Certificate being used to support the educational requirements for certification.

High School Transcripts are available without cost from the Department of Education. To obtain a high school transcript or your high school diploma, please contact:

High School Certification
Department of Education
P.O. Box 8700
St. John's, NL A1B 4J6
Telephone: 1-709-729-3001
Fax: 1-709-729-0611
Email: transcripts@gov.nl.ca

and email, fax or mail in the following information:

- Name and address in your last year of high school
- MCP and/or date of birth
- Last year of high school (e.g. 1997) and high school attended
- Address where you would like your transcript to be sent (or fax number)

A request for a high school transcript normally takes 3-5 business days to process. Your transcript can either be mailed or faxed to you so you must provide an address or fax number with your request.