

NEW YORK STATE DEPARTMENT OF HEALTH
 Bureau of Public Water Supply Protection
 Flanigan Square, Room 400
 547 River Street
 Troy, New York 12180-2216

Application for Certification
 (Water Treatment Plant or Distribution System Operator)

INSTRUCTIONS

1. Type or Print - No pencil/felt tip pen.
2. Application must be completed entirely before action can be initiated.
3. Attach good quality copies of course completion notice, high school/equivalency diploma.
4. Have Chief Operator/Water Superintendent complete appropriate section on reverse side.
5. Be sure to sign and date your application.
6. Submit to local county health department, or district office of New York State Health Department.

FOR BUREAU OF PUBLIC WATER
 SUPPLY PROTECTION USE ONLY

GRADE: _____

EXPIRATION DATE: _____ / _____ / _____

EFFECTIVE DATE: _____ / _____ / _____

COUNTY OF _____

EMPLOYMENT: _____

OTHER: _____

1. Social Security #	Do Not Collect Social Security Number		2. Grade requested		
3. Name	(last)	(first)	(MI)		
5. Home mailing address	(street)		(city)	(state)	(Zip)
6. Have your qualifications been previously approved?	Yes <input type="checkbox"/>	If yes, grade level _____, Certificate No. _____			
	No <input type="checkbox"/>	Last year in which certificate was held. _____			

7. Water Treatment Plant or Distribution System Operating Experience

LIST MOST RECENT FIRST, INDICATE SUPERVISORY DUTIES. ATTACH ADDITIONAL SHEETS IF NEEDED.

FROM	TO	YOUR TITLE OR POSITION	SUPERVISOR'S NAME	TITLE
EMPLOYER			EMPLOYER'S ADDRESS	
EXPLAIN DUTIES				
FROM	TO	YOUR TITLE OR POSITION	SUPERVISOR'S NAME	TITLE
EMPLOYER			EMPLOYER'S ADDRESS	
EXPLAIN DUTIES				
FROM	TO	YOUR TITLE OR POSITION	SUPERVISOR'S NAME	TITLE
EMPLOYER			EMPLOYER'S ADDRESS	
EXPLAIN DUTIES				

EDUCATION

8. Attach copies of diplomas/college transcripts

Name of School	Location	Graduate		Dates Attended	Type of Degree	Major Subject
		Yes	No			
High School • Diploma/Equivalency						
NYS Oper. Trng. School						
College						
Other						

9. Check process(es) used at plants where you have been employed

WATER: CORROSION CONTROL
 CHLORINE-AMMONIA
 CHLORINE-DIOXIDE
 SOFTENING-ZEOLITE
 SOFTENING-OTHER

CHLORINATION
 FLUORIDATION
 COAGULATION
 PRESSURE FILTRATION
 ACTIVATED CARBON

GRAVITY RAPID SAND
 DIATOMACEOUS EARTH
 SLOW SAND FILTRATION
 IRON AND MANGANESE

OTHER PROCESSES:

REMOVAL

10. Population served by your current or last place of employment	11. Grade of Plant	12. Maximum design rate of your current plant in MGD:
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13. EMPLOYMENT VERIFICATION (Must be completed by your present or most recent employer.)

This information outlined in "Section 7 - Water Treatment Plant or Distribution System Operating Experience," reflects the applicant's job duties and employment history.

Signature _____ Grade _____

Title _____ Cert. No. _____ Expires _____ / _____ / _____

14. Letter of verification Attached: Yes No

Attach a letter of verification prepared by a water supply official, outlining your past or present duties as water supply operator, and endorsing your application for certification. This letter should include a complete description of your duties and responsibilities as a water treatment plant or distribution system operator, and should verify your dates of employment.

CERTIFICATE OF APPLICANT

(read carefully before signing)

I certify that all information provided in this application for certification as a water treatment plant operator/distribution system operator is true. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a water treatment plant operator/distribution system operator in accordance with Subpart 5-4 of Part 5 of the New York State Sanitary Code.

Signed _____ Date _____ / _____ / _____
(signature of applicant)

APPLICANT DO NOT WRITE BELOW THIS LINE

District, county or city office recommendation

Approved For certification in _____ Under code section _____
 Disapproved (grade)

For the following reasons: _____

By _____ Title _____ Date _____ / _____ / _____

Indicate name and address of officials who should receive a copy of the correspondence:

1. _____ 2. _____

CENTRAL OFFICE

Approved For certification in _____ Under code section _____
 Disapproved (grade)

For the following reasons: _____

By _____ Title _____ Date _____ / _____ / _____