

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)

4. Home phone ()

Work phone ()

5. Home mailing address (street) (city) (state) (Zip)

6. Have your qualifications been previously approved? Yes ☐ No ☐
If yes, grade level _____, Certificate No. _____
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 Yes No	Dates Attended	Type of Degree	Major Subject
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 ☐ CHLORINATION ☐ GRAVITY RAPID SAND ☐ OTHER PROCESSES: ☐
CHLORINE-AMMONIA ☐ FLUORIDATION ☐ DIATOMACEOUS EARTH ☐
CHLORINE-DIOXIDE ☐ COAGULATION ☐ SLOW SAND FILTRATION ☐
SOFTENING-ZEOLITE ☐ PRESSURE FILTRATION ☐ IRON AND MANGANESE ☐
SOFTENING-OTHER ☐ ACTIVATED CARBON ☐ 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:

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

☐ Disapproved

For certification in _____ Under code section _____
(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

☐ Disapproved

For certification in _____ Under code section _____
(grade)

For the following reasons:

By _____ Title _____ Date ____/____/____