



Oregon Health Authority
 Drinking Water Program P.O. Box 14450
 Portland, OR 97293-0450
 (971) 673-0413 or (971) 673-0426

For Office Use Only - DO NOT WRITE IN THIS AREA

**Application for Certification Exam
 Drinking Water System Operator**

Please print or type

Website: <http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater>

General Information

Date: ___/___/___ OR OpCert # ___ Type: _____ SS #: ___ - ___ - ___ (required)

Name: _____ Email Address: _____
 (Last) (First) (M.I.)

Address: _____ Check if new

City: _____ State: _____ ZIP: _____ County: _____

If out of US: Country _____ Postal Code: _____

Home phone: (_____) _____ Business/Work phone: (_____) _____

Have you ever had a certification revoked or suspended? Yes No

Have you ever applied for certification as a Water Treatment or Distribution Operator in Oregon? Yes No

Have you let an Oregon Drinking Water Certification Lapse? Yes No

Do you have any Wastewater Certifications? Yes No If Yes, please list: _____

Application Type

Check the appropriate box for the exam, cert type and level you wish.

WD=Water Distribution

WT=Water Treatment

FE= Filtration Endorsement

| Exam | Exam Type | Exam Levels w/Required Fees | Office Use Only |
|---|-----------------------------|---|------------------------|
| Regular Exam <input type="checkbox"/> May 17, 2012 <input type="checkbox"/> October 18, 2012 | <input type="checkbox"/> WD | <input type="checkbox"/> 1 (\$85) <input type="checkbox"/> 2 (\$105) <input type="checkbox"/> 3 (\$125) <input type="checkbox"/> 4 (\$145) | (353) 51100-51115-2205 |
| | <input type="checkbox"/> WT | <input type="checkbox"/> 1 (\$85) <input type="checkbox"/> 2 (\$105) <input type="checkbox"/> 3 (\$125) <input type="checkbox"/> 4 (\$145) | |
| | <input type="checkbox"/> FE | <input type="checkbox"/> FE (\$85) | |
| Special Exam Computer exam ONLY (February, April, June, July & November) | <input type="checkbox"/> WD | <input type="checkbox"/> 1 (\$120) <input type="checkbox"/> 2 (\$140) <input type="checkbox"/> 3 (\$160) <input type="checkbox"/> 4 (\$180) | (353) 51100-51115-2205 |
| | <input type="checkbox"/> WT | <input type="checkbox"/> 1 (\$120) <input type="checkbox"/> 2 (\$140) <input type="checkbox"/> 3 (\$160) <input type="checkbox"/> 4 (\$180) | |
| No FE exam given by computer | | | |

Exam Location

Please indicate the site where you wish to take the regular exam. If an exam is not scheduled at the site you request, you will be scheduled at the next closest exam site to your home address.

Bend Eugene Medford Pendleton Portland Area Roseburg Salem

Deadlines for regular exams: March 15/August 15

Deadline for special exams: First of the month preceding exam (Except April exam, Feb. 1)

Please mail completed application to: **Cashier**
Oregon Health Authority
PO Box 14260
Portland, OR 97293-0260

Make check payable to: OHA-State of Oregon
 (Include required fees according to exam)

Employment History

Complete a section for each water-related job. Begin with your present employer and list all work duties. If you need additional pages, make a copy of this page and attach to this application. **DESCRIBE ALL YOUR JOB DUTIES, EVEN THOSE NOT WATER RELATED.** If employed by a contract company, please list the company's name.

Employer #1

Employer: _____ PWS ID#: 41 _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Your Title: _____ Dates employed: ____/____/____ to ____/____/____

Number of Months Employed: _____ (circle one): Full Time Half Time Less than 1/2 time (# of hrs/week): _____

Supervisor: _____ Phone: (____) _____
(Name) (Certification type & level)

Please use the lines below to describe ALL the duties you perform(ed) at this place of employment.

Employer #2

Employer: _____ PWS ID#: 41 _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

Your Title: _____ Dates employed: ____/____/____ to ____/____/____

Number of Months Employed: _____ (circle one): Full Time Half Time Less than 1/2 time (# of hrs/week): _____

Supervisor: _____ Phone: (____) _____
(Name) (Certification type & level)

Please use the lines below to describe ALL the duties you perform(ed) at this place of employment.

Education

Date awarded high school diploma or GED: ____/____/____ (include copy if not on file with OHA)

College: _____ Year(s) _____ Degree _____ Major _____

One year of post high school education is equal to a combination of 45 CEUs and/or college quarter credit hours. Attach copies of ALL CEU certificates awarded. Do not assume they are already on file. For college courses, attach copy of transcript for evaluation. **NOT ALL COLLEGE COURSES WILL COUNT.** They must be evaluated on an individual basis.

Statement of Authenticity

It is a violation subject to penalties and/or revocation of certification for any person to knowingly and willfully make any false statement or representations in any application, record, or other document filed herewith.

I hereby certify that to the best of my knowledge all statements made on this application and all attachments are true and correct. I further authorize the Oregon Health Authority to contact my references and employers (past and present) for verification. I understand that this certification can be denied or revoked if obtained by fraud or deceit.

Signature of Applicant: _____ Date: _____

This must be signed and dated.

Affidavit of Employment

For inclusion with exam or reciprocity application, which requires a check, send to: **Cashier, Oregon Health Authority, PO Box 14260, Portland, OR 97293-0260.** When mailing to Operator Certification Staff, send to: **Attn: Op Cert, Drinking Water Program, PO Box 14450, Portland, OR 97293-0450.**

Instructions to Supervisor/Employer

This Affidavit of Employment is required for certification as a water system operator in the State of Oregon. It is used to verify employment of applicants applying for certification through examination or reciprocity. As the **SUPERVISOR**, DRC or employer of a water system, it is **YOUR RESPONSIBILITY** to verify his or her employment for work related experience attained while under your employment or supervision. Please fill in all of the requested information on the Affidavit of Employment. The following information is to assist you in completing the affidavit.

PWS = Public Water System
WTP = Water Treatment Plant

WD = Water Distribution
FE = Filtration Endorsement

WT = Water Treatment
ODM = Operational Decision Making

| | |
|----------------------------------|--|
| Employee Name | Fill in the last name, first name and middle initial of the applicant. |
| Job Title | Fill in the actual job title of the employee. |
| Certification # | Fill in the certification number (<i>if applicable</i>) of the applicant. |
| PWS Name | Fill in the name and address of the PWS where the employee attained the experience. |
| PWS I.D. # | Fill in the I.D. number assigned to the PWS by the Drinking Water Program. |
| Company Name | Fill out only when your company contracts services to a PWS and you are verifying that employment for an applicant for certification. |
| Dates of Employment | Indicate whether or not the applicant is currently employed. Fill in the Month/Day/Year of the employee's drinking water experience employment . |
| Work Status | Fill in the number of months worked and check whether the work was fulltime, halftime, or less than half time (<i>list the hours per week when less than half time</i>). |
| Job Duties | Check the appropriate drinking water duties employee performed <u>while in your employment or under your supervision</u> . |
| Job Description Type | Check the appropriate job description of the employee. Fill in the total percentage of time the employee <u>spent</u> or was <u>responsible</u> for treatment or distribution. When an operator is responsible for distribution and treatment at the same time, add an "R"(for Responsible) on the WT % line and fill in % of time spent on all D duties. Call Drinking Water Program (971) 673-0426 (Op Cert Coordinator) for questions. Include percentages for Wastewater and/or Other Water Related and list Other (such as street maintenance, inventory, parks, meter reading, storms, vehicle maintenance, grounds, conservation, sidewalks). |
| Experience Type | Check the appropriate type of experience gained while under your supervision or employment. We are looking for actual type of experience gained. For example: Was the employee's experience in the Operational Decision Making of the plant or system such as a shift lead person or DRC work without the correct certification level? If the employee has gained experience in more than one of the options, please check all appropriate boxes and fill in the number of months experience was gained in each type of experience. |
| Filtration Endorsement | This is necessary to be completed for FE exam applicants only. Check this box, fill in the number of months of ODM, and circle whether your plant uses direct or conventional filtration. |
| Statement of Authenticity | Sign and date the form verifying that all the information is correct and true. Do not allow anyone else to sign for you. After you have signed the form please fill in your daytime telephone number, print or type your name in the space provided and list your working title. <u>Do not sign an incomplete form.</u> An applicant cannot sign here. <u>A signed original application is required.</u> |
| This Exam is Paid For | Check this box so that we know where to send a refund if applicant is denied for exam. |

Affidavit of Employment (to be completed by Supervisor)

One page needed for each place of employment

Last name of applicant _____ First _____ MI _____

Job Title _____ Certification # _____

PWS Name: _____ PWS I.D. # 4 1

PWS Address _____

From: Company Name: _____

(This line is for name of company that contracts services to Public Water Systems)

Address: _____ City: _____ State: _____ ZIP: _____

Verification of Employment and Experience

Applicant: is currently employed was employed Starting from: ___/___/___ to ___/___/___

Total number of months employed: _____ Full Time Half Time Less than 1/2 time (# of hrs/week) _____

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity this employee performs or has performed while in your employment or under your supervision. List the total percentage of time this employee has spent or is responsible for all of the activities which you checked. (O & M = Operation and Maintenance). Circle if only one or the other.

Water Treatment Job Duties

- Performance of Laboratory tests
- O & M of Coagulant Feed System
- Calculation of CT values
- O & M of Conventional or Direct Filtration System
- O & M of Fluoride Feed System
- O & M of Hypochlorination & Gas Chlorination System
- O & M of Slow Sand Filter
- O & M of Cartridge, Bag, or Diatomaceous Earth Filter

Water Distribution Job Duties

- O & M of Storage Tanks
- O & M of Valves
- O & M of Cross Connection Program
- Distribution System Flushing
- Installation of Taps/Pipelines/Service Connections
- Leak Detection/Repairs
- O & M of Booster Station/Pumps and Motors
- Water quality testing (sampling) (i.e. Bacteria, etc.)

Job Description Type

(Check all that apply. Percentages MUST be completed)

If responsible for D or T while doing other duties, see previous page for instructions.

- Water Distribution Operator (WD) % of time= _____
- Water Treatment Operator (WT) % of time= _____
- Wastewater Collections Operator % of time= _____
- Wastewater Treatment Operator % of time= _____
- Other ²Duties % of time= _____ list below

Other duties _____

Experience Type

- Employed as a Water Operator for ___ months
- Operational Decision Making¹ for ___ months

Filtration Endorsement

(This must be completed when applying for FE exam)

- ODM¹ at class 2 or higher for ___ months at conventional or direct filtration treatment plant

¹ Operational Decision Making (ODM) means having responsibility for making decisions among alternatives in the performance of the water treatment plant or the water distribution system regarding water quality or quantity which affect public health. (This includes certified operators doing DRC work but are not certified at level required for system.)

² Other duties may include, park maintenance, storm water, streets, sidewalks, inventory, irrigation, vehicle maintenance, to name a few.

Statement of Authenticity

It is a violation subject to penalties and/or revocation of certification for any person to knowingly and willfully make any false statement or representations in any application, record, or other document filed herewith. Only the immediate supervisor or the DRC of the system as indicated in the job description type above may verify this document. A signed original application is required.

Supervisor's Signature: _____ Date: _____ Phone #: (____) _____

Supervisor's Name (printed) _____ Cert # _____ Title: _____

Are you DRC of this system? Yes No

This exam application is being paid by: Employee Employer Other: _____

Are all blanks completed?