

## **Drinking Water Services Instructions for Completing the Exam Application**

Read Rules for Operator Certification (OAR 333-061-0205). Certification is meant for operators with hands-on experience and those making direct decisions affecting water quality and/or water quantity. Substitute credit can be given for duties other than those for the certification you require. See Rules (OAR 333-061-0245 6.b) When you compile your documentation, review the minimum experience and education requirements for the exam being sure you have documented sufficient education and/or experience to meet these requirements. All experience must be met by the application signature date to qualify to sit for the exam. Mail your application early! If you have submitted a copy of your high school diploma or GED with a previous application, you do not need to submit another. All previous applications and affidavits remain in our files.

Applications may be received at any time. Applications will be reviewed based on date received. All exams are now computer exams and are held throughout the state and offered at *any* time. However, applications will not be reviewed during the renewal period, November, December and January. Applicants will have 90 days from approval date to schedule and take the exam. If the applicant does not take the exam in the 90 day window, they will forfeit their application and fees.

Your application must include the correct Application Fee amount. (see below). When you schedule your exam with AMP, you will pay the Exam Fee directly to AMP. The current **AMP Exam Fee is \$95.00**.

### **FEES: Application review fee is non refundable**

Make check payable to: Oregon Health Authority  
Mail application & fee to: Cashier, P.O. Box 14260, Portland, OR 97293-0260

|                 |                 |
|-----------------|-----------------|
| Level 1 = \$90  | Level 3 = \$160 |
| Level 2 = \$125 | Level 4 = \$195 |
| FE = \$90       |                 |

### **Exam Application Includes:**

- Copy of high school diploma or GED (scores) (unless already on file) OR 2 year AA degree (Water/wastewater technology), or 4-5 year college degree
- Copy of college transcript or CEUs (when needed for desired level)
- Affidavit(s) of employment from each relevant place of employment
- Application review fee



Exam fee code (353) 50204-51062-2205

For Office Use Only - DO NOT WRITE IN THIS AREA

Drinking Water Services
Operator Certification
P.O. Box 14450, Portland, OR 97293
(971) 673-0413 or (971) 673-0426

Application for Certification as a Professional Water Operator

In order to safeguard the health and well-being of the populace, every community water supply in Oregon shall have on its operational staff one person certified as competent as a water supply operator in Direct Responsible Charge

General Information

Date: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_ (required) Email address: \_\_\_ (required)
Last Name: \_\_\_ First Name: \_\_\_ Middle Init. \_\_\_
Address: \_\_\_
City: \_\_\_ State: \_\_\_ Zip: \_\_\_ County: \_\_\_
Day phone: \_\_\_ Emergency phone number: \_\_\_

Certification History

If you answer yes to any of these questions, please describe on a separate sheet of paper

- Have you ever obtained or attempted to obtain certification by fraud or deceit?
Have you ever falsified or willfully failed to maintain or submit records and reports required by any authorized regulatory authority?
Have you ever had a certification revoked or suspended?
Have you ever been denied certification for the above reasons?
Have you ever applied for certification as a water treatment or distribution operator in Oregon?
Have you let an Oregon drinking water certification expire?
Do you have any wastewater certifications?

Do you presently hold any certifications? If yes, complete below: Yes No

Table with 5 columns: Certification level, Certification type, Issued by, Date certified, Expiration date

Education

You must show proof of either a high school diploma, GED or a college degree

- 1. Date awarded high school diploma or GED: \_\_\_ (Include copy if not on file with OHA)
2. Was your high school diploma obtained through a distance learning environment?
3. College: \_\_\_ Year(s): \_\_\_ Degree: \_\_\_ Major: \_\_\_
4. Are you using CEU certificates in place of college credits? (See OAR Rules)

**Exam Information:**

No applications will be reviewed during the renewal period (Nov, Dec, Jan.) You will have 90 days to take your exam or you will forfeit your application and fee. When you schedule your exam with Applied Measurement Professional (AMP) you will pay an Exam Fee directly to them. AMP current Exam Fee for all exam levels is \$95.00.

**Application Type:**

Check the appropriate box for the certification type, level and fees paid  
WD=water distribution    WT = water treatment    FE = filtration endorsement

Make application for:

- 1. Type:                    WD                     WT                     FE
- 2. Level: 1                     Level 2                     Level 3                     Level 4
- 3. Application review fee:  Level 1 \$90.00                     Level 2 \$125.00                     Level 3 \$160.00  
 Level 4 \$195.00                     FE \$90.00

**Employment History:**

Complete a section for **each water related job**. Begin with your present employer and describe in detail ALL work duties and responsibilities you performed while under employ. If you need additional pages, make a copy of this page and attach to this application. (DESCRIBE IN DETAIL ALL YOUR JOB DUTIES; EVEN THOSE NOT WATER RELATED, AND ANY MANAGEMENT DUTIES). (*Your employer's job duties description is not acceptable.*) If employed by a contract company, please list the company's name.

To determine experience in the employment section, you must show hands-on water related experience

Employer #1: \_\_\_\_\_ PWS ID # 41-\_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Your Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Certification Type and Level)

Number of months employed: \_\_\_\_\_ (circle one) Full time    Half time    Less than 1/2 time:(# of hrs a week) \_\_\_\_\_  
(If you started at 1/2 time or less, please complete one Employer section for 1/2 time and another section for full time)

Please use the lines below to describe in detail ALL the duties you perform(ed) Contract Job:  Yes     No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer #2 \_\_\_\_\_ 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 a week) \_\_\_\_\_

Supervisor: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please use the lines below to describe in detail ALL the duties you perform(ed) Contract Job:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer #3 \_\_\_\_\_ 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 a week) \_\_\_\_\_

Supervisor: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please use the lines below to describe in detail ALL the duties you perform(ed) Contract Job:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Statement of Authority:**

*It is a violation subject to penalties and/or revocation of certification for any person to knowingly and willfully make any false statement or representation 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: \_\_\_\_\_  
(Required) (Required)

Please mail completed signed original application to: **Cashier**  
**Oregon Health Authority**  
Make Check payable to: OHA-State of Oregon **PO Box 14260**  
**Portland OR 97293-0260**

## *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** or Employer of a Water System Operator, 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

|                                      |   |
|--------------------------------------|---|
| <b>Employee Name</b>                 | Fill in the last name, first name and middle initial of the applicant.  |
| <b>Job Title</b>                     | Fill in the actual job title of the employee.   |
| <b>Certification #</b>               | Fill in the certification number ( <i>if applicable</i> ) of the applicant.   |
| <b>PWS Name</b>                      | Fill in the name and address of the PWS where the employee attained the experience.   |
| <b>PWS I.D. #</b>                    | Fill in the I.D. number assigned to the PWS by the Drinking Water Program.  |
| <b>Company Name</b>                  | Fill out <b>only when your company contracts services to a PWS</b> and you are verifying that employment for an applicant for certification.  |
| <b>Dates of Employment</b>           | Indicate whether or not the applicant is currently employed. Fill in the Month/Day/Year of the employee's <b><u>drinking water experience employment</u></b> .  |
| <b>Work Status</b>                   | 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> ).  |
| <b>Job Duties</b>                    | Check the appropriate drinking water duties employee performed <u>while in your employment or under your supervision</u> .  |
| <b>Job Description Type</b>          | 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, parks, meter reading, storms, vehicle maintenance, grounds, conservation, sidewalks). |
| <b>Experience Type</b>               | 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.   |
| <b><u>Filtration Endorsement</u></b> | <b><u>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.</u></b>   |
| <b>Statement of Authenticity</b>     | Sign and date the form verifying that all the information is correct and true. <b>Do not allow anyone else to sign for you.</b> 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. <b><u>Do not sign an incomplete form.</u></b> An applicant cannot sign here. <b>Original signed application required.</b>   |
| <b>This Exam is Paid For</b>         | 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 <sup>2</sup>Duties % of time= \_\_\_\_\_ list below

Other duties \_\_\_\_\_

### Experience Type

- Employed as a Water Operator for \_\_\_\_ months
- Operational Decision Making<sup>1</sup> for \_\_\_\_ months

### Filtration Endorsement

(This must be completed when applying for FE exam)

- ODM<sup>1</sup> at class 2 or higher for \_\_\_\_ months at direct or conventional filtration treatment plant

<sup>1</sup> **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.)

<sup>2</sup> **Other duties** may include park maintenance, meter reader, 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.***

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?*