

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. [REDACTED] 2. Grade requested _____

3. Name (last) _____ (first) _____ (MI) _____

4. Home phone () _____
 Work phone () _____

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

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		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 | <input type="checkbox"/> CHLORINATION
<input type="checkbox"/> FLUORIDATION
<input type="checkbox"/> COAGULATION
<input type="checkbox"/> PRESSURE FILTRATION
<input type="checkbox"/> ACTIVATED CARBON | <input type="checkbox"/> GRAVITY RAPID SAND
<input type="checkbox"/> DIATOMACEOUS EARTH
<input type="checkbox"/> SLOW SAND FILTRATION
<input type="checkbox"/> IRON AND MANGANESE
<input type="checkbox"/> REMOVAL | <input type="checkbox"/> OTHER PROCESSES:

<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|--|---|--|--|

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 ____/____/____