



Instructions for Domestic Wastewater Treatment Plant Operator Certification Application

Before you complete this application, review the minimum education and experience requirements for the level of certification for which you are applying. You can find those requirements in [chapter 173-230 WAC](#) (Washington Administrative Code), Certification of Operators of Wastewater Treatment Plants.

General Instructions

- ❖ Type or clearly print, using ink.
- ❖ Submit a **fully completed** application.
 - ✓ Include your email address for exam notification
 - ✓ Ecology will return incomplete applications for completion.
- ❖ Describe—in detail—your domestic (sewage) wastewater treatment plant operating experience.
 - ✓ Keep in mind the definition of operating experience: “The routine performance of duties, on site at a wastewater treatment plant...”
- ❖ Include transcripts or copies of certificates for education requirements.
 - ✓ Unofficial transcripts are acceptable.
- ❖ Complete a Verification of Employment page for each employer. Be sure to include operator and operator in charge signatures.
 - ✓ Sign and date the verification of employment even if you do not have operating experience.
 - ✓ If you are the operator in charge, **DO NOT** sign as both the applicant and operator in charge. Your supervisor needs to sign your verification of employment page.
 - ✓ Ecology recommends attaching documentation of your domestic wastewater operating experience. Ecology may ask your employer to provide documentation of your experience.
- ❖ If applying for reciprocity, include a copy of your current certificate and, if applicable, validation card with your completed application.
- ❖ Keep a copy of your completed application for your records.
- ❖ Mail your completed application along with a check or money order, payable to Department of Ecology, to:

Department of Ecology
Cashiering Unit
PO Box 47611
Olympia, WA 98504-7611

Ecology Application Fee

Application Level	9/1/19 - 6/30/20	7/1/20 - 6/30/21
Group I Group I OIT	\$50	\$50
Groups II – IV Groups II – IV OIT	\$59	\$67

- ✓ You must submit the application fee with your completed application. If the fee does not accompany your application, it delays the application review process—and thus, your approval to take an exam.
- ✓ Submit all fees by check or money order and make payable to Department of Ecology. Ecology does not accept credit cards.

Applied Measurement Professionals Fees*

Year	Exam Fee	Exam Administration Fee	Total Exam Fee
2019	\$31	\$69	\$100
2020-2021	\$33	\$69	\$102

- ✓ Upon application approval, Applied Measurement Professionals requires the Total Exam Fees amount to be paid in full at time of exam registration. Pay by credit card, company check, or money order—make payable to Applied Measurement Professionals.

Department of Corrections Fees*

	9/1/19 – 12/31/19	1/1/20 - 6/30/20	7/1/20 - 6/30/21
Group I /Group I OIT Application Fee	\$50	\$50	\$50
Exam Fee	\$44.50	\$46.50	\$46.50
Total Fee	\$94.50	\$96.50	\$96.50
Group II-IV/Group II-IV OIT Application Fee	\$59	\$59	\$67
Exam Fee	\$44.50	\$46.50	\$46.50
Total Fee	\$103.50	\$105.50	\$113.50

- ✓ The fees above are ONLY for Department of Corrections applicants taking a pencil and paper exam.
- ✓ You must submit the application fee and exam fee with your completed application. If the payment does not accompany your application, it will delay the review process.
- ✓ Ecology does not accept credit cards. Submit all fees by check or money order and payable to Department of Ecology. One check or money order for total amount is acceptable.

If you have any questions or need further assistance, please visit the Wastewater Operator Certification Website: <https://ecology.wa.gov/opcert> or contact Poppy Carre at opcert@ecy.wa.gov, or 360-407-6449, or toll free in Washington at 1-800-633-6193.

***Fees are subject to change without notice.**

To request materials in a format for the visually impaired, visit <https://ecology.wa.gov/accessibility>, or call Ecology's ADA Coordinator at 360-407-6831, Relay Service 711, or TTY 877-833-6341.



DOMESTIC WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION APPLICATION

Return Application and
check or money order to:

Department of Ecology
Cashiering Unit
PO Box 47611
Olympia WA 98504-7611

Applicant Information

M F X

Name _____
First MI Last Suffix Gender

Mailing Address _____
City State Zip

Home Phone _____ Cell Phone _____

Primary E-mail _____ Secondary E-mail _____

Employer _____

Employer Address _____

Employer Phone _____

Operator in Charge Name: _____
First Last

Office Phone _____ Cell Phone _____

Check **all** statements that are relevant to this application

I am applying for: Group I Group II Group III Group IV

Operator in Training (OIT): OIT I OIT II OIT III OIT IV

My mailing address has changed.

My employer has changed.

My name has changed. Previous name: _____

I am/have been a certified wastewater treatment plant operator in Washington.

Certification Number _____

This is an application for an upgrade from OIT certification to Group I certification.

I am not a certified wastewater treatment plant operator in Washington.

This is an application for reciprocity.

This is an application for temporary certification per WAC 173-230-080.

I require disability accommodation during testing.

I need a copy of my receipt.

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Education

Training and education written on the application will not be used toward minimum requirements without documented proof. Attach sufficient proof of education and training, if not already on file with Ecology. Acceptable documents are official or unofficial transcripts and training certificates.

High School/GED

Name and location of high school attended _____

Did you graduate? Yes No Graduation Date _____

Did you earn a GED? Yes No GED School Name _____

GED Date _____ Last Grade Completed: 6 7 8 9 10 11 12

Post-High School Training

School	Location	Major	Credits Semester/ Quarter	Certificate or Degree/Year received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Continuing Education

Class Name	Location	Date Attended	Classroom Hours	CEUs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Domestic (Sewage) Wastewater Operating Experience

Describe your wastewater operational duties and responsibilities for all **domestic (sewage)** wastewater employers. Complete this section – even if you have submitted an application before. Only leave this section blank if you do not have domestic wastewater operating experience.

Most Recent Experience		Job Title _____ Avg. hours/week _____	
		Percent of time worked: WW Treatment _____ WW Maintenance _____ WW Lab _____	
		WW Collections _____ Industrial WW _____ Drinking Water _____ Other _____	
From:		Duties/Responsibilities _____	
_____	_____	_____	_____
Month	Year		
To:		Treatment Type _____ Flow (MGD) _____ Plant Class _____	
_____	_____	Employer _____	
Month	Year	Mailing Address _____	
		Operator in Charge _____ Phone _____	

Previous Experience		Job Title _____ Avg. hours/week _____	
		Percent of time worked: WW Treatment _____ WW Maintenance _____ WW Lab _____	
		WW Collections _____ Industrial WW _____ Drinking Water _____ Other _____	
From:		Duties/Responsibilities _____	
_____	_____	_____	_____
Month	Year		
To:		Treatment Type _____ Flow (MGD) _____ Plant Class _____	
_____	_____	Employer _____	
Month	Year	Mailing Address _____	
		Operator in Charge _____ Phone _____	

Previous Experience		Job Title _____ Avg. hours/week _____	
		Percent of time worked: WW Treatment _____ WW Maintenance _____ WW Lab _____	
		WW Collections _____ Industrial WW _____ Drinking Water _____ Other _____	
From:		Duties/Responsibilities _____	
_____	_____	_____	_____
Month	Year		
To:		Treatment Type _____ Flow (MGD) _____ Plant Class _____	
_____	_____	Employer _____	
Month	Year	Mailing Address _____	
		Operator in Charge _____ Phone _____	

Relevant Experience

Such as: Collections, Industrial Wastewater, and Drinking Water

Most Recent
Experience

Job Title _____ Avg. hours/week _____

Type of Work: Collections ____ Industrial ____ Drinking Water: ____ Other ____
(Check all that apply)

From:

Duties/Responsibilities _____

Month Year

To:

Employer _____

Month Year

Mailing Address _____

Supervisor Name _____ Phone _____

Previous
Experience

Job Title _____ Avg. hours/week _____

Type of Work: Collections ____ Industrial ____ Drinking Water: ____ Other ____
(Check all that apply)

From:

Duties/Responsibilities _____

Month Year

To:

Employer _____ Mailing

Month Year

Address _____

Supervisor Name _____ Phone _____

Previous
Experience

Job Title _____ Avg. hours/week _____

Type of Work: Collections ____ Industrial ____ Drinking Water: ____ Other ____
(Check all that apply)

From:

Duties/Responsibilities _____

Month Year

To:

Employer _____ Mailing

Month Year

Address _____

Supervisor Name _____ Phone _____

Reciprocity Applicants

Please attach a copy of your current certificate and, if applicable, validation card.

State/Province _____ Certification level _____ Expiration date _____

Certifying Agency _____ Certification Contact Name: _____

Certification Contact Email _____

Signature Page & Verification of Current (Or Last) Wastewater Operator Work Experience

This information is used by Ecology to verify qualifying experience as a wastewater treatment plant operator. Information provided must represent the actual day to day work experience the applicant has in the operation and maintenance of a wastewater treatment plant, paid or unpaid. Complete one affidavit of employment form for each employer to equal minimum experience requirement for certification level for which you are applying. Regardless of your work experience **you must sign this page.**

This affidavit certifies that _____ has gained
Applicant Name/Certification Number

domestic wastewater treatment plant operating experience as a _____
Position Title (Operator, Assistant, Intern, Trainee)

from _____ to _____ for the following domestic wastewater treatment facility:
month/year month/year

Name of Wastewater Treatment Facility Class of Plant Treatment Type Design Flow MGD

This individual is/was **employed full-time** **employed part-time** **a volunteer full-time**
 a volunteer part-time **a seasonal employee** – from _____ to _____
(include separate affidavit for each seasonal position) month/year month/year

The work schedule for this position is _____ hours a day _____ days a week.

Describe the operational tasks and duties this individual **routinely** performs **on-site** at the wastewater treatment plant, that affect plant performance or effluent quality (attach work description showing wastewater tasks and duties): _____

I certify all information contained in this application and any attachments is true and correct. I understand willful omissions or knowingly making a false statement may result in refusal to issue a certificate or could result in revocation of any certificate issued. I consent to an investigation of my employment records and other statements to verify my qualifications for certification.

Applicant Signature

Date

Certified Operator Verification (must be signed by someone other than applicant)

I certify the applicant gained operating experience under my direction or supervision. I certify this information contains no willful misrepresentation or falsifications and this affidavit and any attachments accurately represent the work experience of the above named applicant.

Operator Signature

Contact Telephone Number

Certification Number (required for verification)

Date