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](https://apps.leg.wa.gov/wac/default.aspx?cite=173-230) [173-230 WAC](https://apps.leg.wa.gov/wac/default.aspx?cite=173-230)[1](#_bookmark0) (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, a copy of your validation card, with your completed application.
* Keep a copy of your completed application for your records.
* Unless you are incarcerated, ONLY INCLUDE the ECOLOGY APPLICATION FEE.
* Mail your completed application and a check or money order, payable to Department of Ecology, to:

Department of Ecology Cashiering Unit

PO Box 47611

Olympia, WA 98504-7611

1 https://apps.leg.wa.gov/wac/default.aspx?cite=173-230

### Ecology Application Fee

|  |  |  |
| --- | --- | --- |
| **Application Level** | **7/1/23 - 6/30/24** | **7/1/24 – 6/30/25** |
| Group I Group I OIT | $60 | $75 |
| Groups II – IV Groups II – IV OIT | $85 | $125 |

* 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.
* Pay application fee by check or money order and make payable to Department of Ecology. Ecology does not accept credit cards for application fees.

### Applied Measurement Professionals Fees\* FOR INFORMATION ONLY - DO NOT INCLUDE WITH APPLICATION FEE

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Exam Fee** | **Exam Administration Fee** | **Total Exam Fee** |
| 2023 | $35 | $69 | $104 |
| 2024 | $37 | $69 | $106 |

* Upon application approval, Applied Measurement Professionals requires the Total Exam Fee amount **to be paid in full at time of exam registration** by credit card, company check, or money order. DO NOT INCLUDE THESE FEES WITH YOUR APPLICATION.

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### Department of Corrections Fees\* FOR INCARCERATED APPLICANTS ONLY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **7/1/23 – 6/30/24** | **7/1/24 – 12/31/2** | **1/1/25 – 6/30/25** |
| **Group I /Group I OIT Application Fee** | $60 | $75 | $75 |
| **Exam Fee** | $51 | $53 | TBD |
| **Total Fee** | $111 | $128 |  |
|  |  |  |  |
| **Group II-IV/Group II-IV OIT Application Fee** | $85 | $125 | $125 |
| **Exam Fee** | $51 | $53 | TBD |
| **Total Fee** | $136 | $178 |  |

* The fees in the table above are ONLY for incarcerated applicants.
* Ecology does not accept credit cards for application fees. Pay "Total Fee" by check or money order and make payable to Department of Ecology.

If you have any questions or need further assistance, please visit the [Wastewater Operator](https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Wastewater-operator-certification) [Certification](https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Wastewater-operator-certification)[2](#_bookmark1) Website, or contact Poppy Carre at [opcert@ecy.wa.gov](mailto: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 ADA Accommodation, contact Water Quality Reception at 360-407-6600. For Washington Relay Service or TTY call 711 or 877-833-6341. Visit [Ecology’s ADA](https://ecology.wa.gov/About-us/Accessibility-equity/Accessibility) [Accessibility web](https://ecology.wa.gov/About-us/Accessibility-equity/Accessibility) [page](https://ecology.wa.gov/About-us/Accessibility-equity/Accessibility)[3](#_bookmark2) for more information.

2 https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Wastewater-operator-certification

3 https://ecology.wa.gov/About-us/Accessibility-equity/Accessibility

# 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 an OIT certification to a full 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.

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

# 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  N/A GED School Name GED Date Last Grade Completed: 6 7 8 9 10 11 12

## Post-High School Training

School Location Major Credits Certificate or

Semester/ Degree/Year Quarter 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

From:

Job Title Avg. hours/week Percent of time worked: WW Treatment WW Maintenance WW Lab WW Collections Industrial WW Drinking Water Other Duties/Responsibilities

Month Year

To:

Month Year

Treatment Type Flow (MGD) Plant Class Employer

Mailing Address Operator in Charge Phone

Job Title Avg. hours/week Previous Percent of time worked: WW Treatment WW Maintenance WW Lab

Experience WW Collections Industrial WW Drinking Water Other

From:

Duties/Responsibilities

Month Year

To:

Month Year

Previous

Treatment Type Flow (MGD) Plant Class Employer Mailing Address Operator in Charge Phone

Job Title Avg. hours/week

Experience Percent of time worked: WW Treatment WW Maintenance WW Lab WW Collections Industrial WW Drinking Water Other

From:

Month Year

To:

Month Year

Duties/Responsibilities

Treatment Type Flow (MGD) Plant Class Employer Mailing Address

Operator in Charge Phone

Most Recent Experience

From:

Month Year

To:

Month Year

Previous Experience

From:

Month Year

To:

Month Year

Previous Experience

From:

Month Year

To:

Month Year

## Relevant Experience

**Such as: Collections, Industrial Wastewater, and Drinking Water**

Job Title Avg. hours/week Type of Work: Collections Industrial Drinking Water: Other

(Check all that apply)

Duties/Responsibilities

Employer Mailing Address Supervisor Name Phone

Job Title Avg. hours/week Type of Work: Collections Industrial Drinking Water: Other

(Check all that apply)

Duties/Responsibilities

Employer Mailing Address

Supervisor Name Phone

Job Title Avg. hours/week Type of Work: Collections Industrial Drinking Water: Other

(Check all that apply)

Duties/Responsibilities

Employer Mailing 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