



APPLICATION FOR OPERATOR CERTIFICATION

Alaska Department of Environmental Conservation
 Division of Water
 Operator Training & Certification Program
 410 Willoughby Avenue, Suite 303
 P.O. Box 111800
 Juneau, AK 99811-1800

	For DEC Use Only
OP # / \$	
Date	
Type/Level	
Apprv'd By	
Location	

General Information

Name: Mr./Ms. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Plant Name: _____

Plant Phone Number: _____ Home Phone Number: _____

Do you hold a valid water/wastewater certificate in Alaska? YES NO

If yes, give type(s) and level(s): _____

What is your current title? _____

(Supervising Operator, Operator, Lab Tech, etc.)

Employment Status (Circle One): Full-time Part-time Seasonal Other: _____

Certificate Upgrade Review

- Application review an upgrade of Provisional level certificate(s) to level 1.
- Application review to receive certification based on passing a "one level higher" exam.

Examination Information (You may apply for two exams.)

Exam 1:

System Type:

- Water Distribution
- Water Treatment
- Wastewater Collection
- Wastewater Treatment

Level:

- Stabilization Pond (WWT only)
- Provisional
- I
- II
- III
- IV

Exam 2:

System Type:

- Water Distribution
- Water Treatment
- Wastewater Collection
- Wastewater Treatment

Level:

- Stabilization Pond (WWT only)
- Provisional
- I
- II
- III
- IV

Desired exam location. (State of Alaska locations only.)

Enclose a \$20 application fee, payable to the "State of Alaska." Incomplete, faxed, or emailed applications will returned.

Education and Training Information

Education

Do you have a high school diploma or G.E.D.? YES NO

Name of High School or G.E.D. granting organization: _____

If this is your first time applying for certification, please include a copy of your high school diploma or G.E.D.

If you do not have a high school diploma or G.E.D., what grade did you last complete? _____

Postsecondary Education

List, in chronological order, the name of each technical school, college, or university you attended, the dates of attendance, and if you graduated, the month and year of graduation. Submit transcripts for all education entered here. Use a separate sheet of paper, if necessary.

Education is on file.

Name and Address of Institution	Dates Attended	Did You Graduate? (List Date)	List Major, Degree, or Major Course Work

List any specialized training, correspondence, or continuing education courses that you have completed that are related to the operation of water and wastewater systems. Enclose copies of course completion certificates.

Education is on file.

Name of School or Course Sponsor	Name of Course	Course Date	Hours of Instruction	Credit Received (e.g. CEUs, College Credit)

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Work Experience Information

List your operating experience in wastewater treatment, water treatment, water distribution, and wastewater collection. If necessary, use additional sheets of paper.

Describe your duties and types of systems operated in detail in the following experience blocks. For example, list system size, flows, treatment components, types of equipment, chemical or biological processes, number of lift stations, number of service connections, etc.

WWT = Wastewater Treatment **WT** = Water Treatment **WD** = Water Distribution **WWC** = Wastewater Collection

Present Employment

<p>Job Title: _____</p> <p>Hours per Day: _____</p> <p>Days per Week: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Total Time: _____ Years / Months</p> <p>System Name: _____</p> <p>System Owner: _____</p> <p>Public Water System ID Number (PWSID) If applicable.: _____</p> <p>Supervisor: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p>Job Duties and System Description</p> <table border="1"> <thead> <tr> <th>System Type</th> <th>WWT</th> <th>WT</th> <th>WD</th> <th>WWC</th> </tr> </thead> <tbody> <tr> <td>Percentage spent in system type.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	System Type	WWT	WT	WD	WWC	Percentage spent in system type.				
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Signature of Supervisor (To be completed by the current supervisor.)

I hereby certify that the information in the "Present Employment" section of this application made by _____, to be true to the best of my knowledge.

Supervisor's Signature

Date

Supervisor's Printed Name

Title

Phone Number

Email Address

Signature of Applicant

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief.

Applicant's Signature

Date

Materials provided are public documents. Public documents are subject to release upon receiving requests for information.

Questions?

Contact the Operator Training and Certification Program at **(907) 465-1139** or email us at **dec.water.fco.opcert@alaska.gov**.