



# APPLICATION FOR OPERATOR CERTIFICATION

**State of Alaska**  
**Department of Environmental Conservation**  
**Attn.: Operator Certification Program**  
**410 Willoughby Avenue, Suite 303**  
**P.O. Box 111800**  
**Juneau, Alaska 99811-1800**

■ Enclose a \$20 application fee, payable to the "State of Alaska."

	For ADEC Use Only
OP / \$	
Date	
T/L	
A.B.	
Loc.	

## General Information (Please Type or Print Legibly.)

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
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 of the system, operator, lab tech, etc.)

**Employment Status (Please check one.):**  full-time  part-time  seasonal

## Examination Information (You may apply for two exams.)

Application for upgrade of Provisional certification to Level I.

Exam 1:

**System Type (Check only one.):**

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

**Level (Check only one.):**

- Provisional / I
- II
- III
- IV

Exam 2:

**System Type (Check only one.):**

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

**Level (Check only one.):**

- Provisional / I
- II
- III
- IV

**Desired exam location. (State of Alaska locations only.)** \_\_\_\_\_

## Education and Training Information

Do you have a high school diploma or a G.E.D.?     Yes     No

Name of high school or G.E.D. granting organization: \_\_\_\_\_

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

State in chronological order the name of each technical school, college, or university you attended, the time spent at each, and if you graduated, the year of graduation. Submit transcripts of all education entered here. Use a separate sheet of paper if necessary.

Name and Address of Institution	Dates Attended	Did You Graduate? (List Date)	List Major, Degree, or Major Course Work
<input type="checkbox"/> Education is on File.			

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.

Name of School or Course Sponsor	Name of Course	Course Date	Subjects Studied	Number of Class Hours Attended	Credits Received (e.g. College Credit, CEUs, etc.)
<input type="checkbox"/> Education is on File.					





**Signature of Supervisor (To be Completed by the Current Supervisor.)**

I hereby certify the information in the present employment section of this application made by

\_\_\_\_\_, to be true to the best of my knowledge.

Applicant

Supervisor's Signature

Date

Printed Name

Title

Organization's Name

Phone Number

**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.**

**Application Checklist**

- All application fields completed?
- Is the \$20 application fee enclosed?
- Required signatures?
- Transcripts? (If needed.)
- Course completion certificates? (If needed.)

**Any Questions? Contact the Operator Certification Program at (907) 465-5140.**

**General Operator Education and Experience Requirements \*  
(In Years)**

**Operator Level**

	Provisional		I		II		III		IV	
	Ed.	Op. Exp.	Ed.	Op. Exp.	Ed.	Op. Exp.	Ed.	Op. Exp.	Ed.	Op. Exp.
<b>System Type</b> Wastewater Collection	12	**	12	1	12	3	13	4	13	6
Wastewater Treatment	12	**	12	1	12	3	14	4	16	4
Water Distribution	12	**	12	1	12	3	13	4	13	6
Water Treatment	12	**	12	1	12	3	14	4	16	4

\* Additional experience and education criteria and substitutions are set out in 18 AAC 74.050 (b) – (h).

\*\* Three months of operating experience or the completion of a department approved training course, as described in 18 AAC 74.050 (c) (1) is required.

**Abbreviations: Ed. = Education Op. Exp. = Operating Experience**