

Application for Water and Wastewater Paper and Pencil Examination

Failure to properly complete this application may be reason for disapproval.

EXAMINATION DATE: _____
(Month) / (Day) / (Year)

1. Biographical Information

Core Person ID or your SS# _____
(Core Person ID is the middle seven digits of your certification number)

Print Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Number) (Street)

(City) (State) (Zip)

(_____) _____ (_____) _____
(Home Phone) (Business Phone)

(County) E-Mail _____

2. Examination Being Applied for:

- Water Supply A I II III
 Water Distribution I II
 Wastewater Treatment A I II III
 Wastewater Collection I II

All statements in this application are made under oath and are subject to investigation by Ohio EPA. All applications and fees must be postmarked 90 days before the examination. All checks and money orders must be made payable to Treasurer, State of Ohio. All fees are non-refundable. **All applications shall be typed or printed legibly in ink and mailed to Ohio EPA, Office of Fiscal Administration, P.O. Box 1049, Columbus, Ohio 43216-1049.** Failure to complete all sections may cause this application to be disapproved. Applicant's qualifications will be determined from this application. **Failure to send this application to the address listed above will be reason for disapproval.**

2015	Exam Dates	Application Postmark Deadline
Wastewater	May 5	February 4
Water	May 6	February 5
Wastewater	November 4	August 6
Water	November 5	August 7

Exam Classification	2015 Exam Fee
Class A	\$80.00
Class I	\$105.00
Class II	\$120.00
Class III	\$130.00

3. Education

a) High School graduate or GED: Yes No

b) College graduate: Yes No

If no, number of years completed: _____

If yes, BA BS Associate Degree

Major: _____

Name of College: _____

Attach copy of college transcript or diploma declaring your major.

4. Background

(This section must be completed or this application will be rejected.)

Have you ever been convicted of, or plead guilty to, a criminal charge of falsification, fraud or terrorism? Yes No

Have you ever had any Ohio operator certifications revoked or do you have a certification under suspension? Yes No

Have you had a certificate revoked or currently suspended in any other state? Yes No

5. Training

A list of approved training courses which can be substituted for experience credit at the Class II and III level can be found on the Operator Certification Web site: http://epa.ohio.gov/portals/28/documents/opcert/courses.substituted_for_experience.pdf

Training will NOT be substituted for months of experience unless the course completion certificate is attached.

6. Valid Ohio Certificates You Currently Hold

- Check Correct Classes
- Water Supply LA A I II III IV
- Water Distribution I II
- Wastewater Treatment LWA A I II III IV
- Wastewater Collection I II



FOR AGENCY USE ONLY

Postmark Date: _____

Check No. _____ Check I.D. _____

Check Date _____ Amount \$ _____

Date Received _____

Needed _____ Accepted _____

Rejected _____

Total _____ Exam Rev. ID _____

Basic Duties and Responsibilities

Name: _____

- List employment **in detail**, but **ONLY** the work which applies to the examination for which you are applying. **Attach additional copies of this page if necessary.** Wastewater experience includes treatment and collection. Water experience includes treatment and distribution and must be obtained at a public water system.
- **Failure to thoroughly describe water or wastewater duties may be reason for disapproval.**
- Please list changes in employment (e.g.job title, percent of time, duties, etc.) as separate employment events to ensure a more accurate evaluation of your **employment and experience.**

Current Employment Dates		Experience Time*	Percent of Time on Wastewater Duties	Percent of Time on Water Duties
From Month/Day/Year	To Month/Day/Year			
Your Title	Employer Name		Employer Address	
	Public Water System ID# (if applicable)			
Duties				
Prior Employment Dates		Experience Time*	Percent of Time on Wastewater Duties	Percent of Time on Water Duties
From Month/Day/Year	To Month/Day/Year			
Your Title	Employer Name		Employer Address	
	Public Water System ID# (if applicable)			
Duties				

*If you are a full-time employee, record time in months. If you are a part-time, seasonal or temporary employee, record your experience time in hours.

<p>OATH - THIS APPLICATION WILL NOT BE ACCEPTED IF OATH IS OMITTED</p> <p>I, the undersigned, do solemnly affirm that I am the applicant; that all statements made and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and that I understand any omissions or misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted. I also consent to a thorough investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.</p> <p>By signing this document, I acknowledge the following: I have read and understand the responsibilities of an operator of record and a certified operator as described in Chapter 3745-7 of the Ohio Administrative Code. I will be honest and accurate in my interactions with Ohio EPA and will take actions in the interest of public health and the environment. Failure to adhere to these responsibilities may result in disciplinary action up to and including revocation of any certificate(s) I may hold.</p> <p>Signature of Applicant: _____ Date: _____</p>	<p>Supervisor Information (print)</p> <p>Current Supervisor: _____</p> <p>Certification No.: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Bus. Phone: _____</p> <p>I certify that the statements on this application are true to the best of my knowledge and belief based on my supervision of the applicant.</p> <p>Supervisor Signature: _____</p> <p>Date: _____</p>
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