



Operator-in-Training (OIT) Documentation Form

1. Contact Information

Core Person ID _____
(Core Person ID is the 7-8 digit number you were given before you took the paper and pencil exam)

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

Mailing Address: _____
(Number) (Street)

(City) (State) (Zip)

(_____) _____
(Home Phone)

(_____) _____
(Business Phone)

(County)

E-Mail

2. Which exam did you take?

Check Correct Exam

Water Supply A I II III

Water Distribution I II

Wastewater Treatment A I II III

Wastewater Collection I II

Date of Paper and Pencil Exam _____

3. Education

If you have received college credit meeting the requirements of OAC Rule 3745-7-06, attach a copy of your transcript or degree which declares your major.

4. Training

A list of 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:

https://epa.ohio.gov/static/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.

5. Background

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

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

Email this completed and signed form to:
opcert@epa.ohio.gov

7. Oath

THIS APPLICATION WILL NOT BE ACCEPTED IF OATH IS OMITTED

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. In addition, in accordance with OAC Rule 3745-7-15, I have completed a review of the Ohio EPA Professional Operator Certification Training course which can be found at:

<https://epa.ohio.gov/wps/portal/gov/epa/divisions-and-offices/drinking-ground-and-waters/certified-operators>.

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.

Signature of Applicant: _____

Date: _____

8. Supervisor Information (print)

Current Supervisor: _____

Certification No.: _____

Title: _____

Address: _____

Phone: _____

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.

Supervisor Signature: _____

Date: _____

Basic Duties and Responsibilities

Name: _____

- Describe in detail **ONLY** the work which applies to either water or wastewater experience. Actual operating wastewater experience includes treatment and collection. Actual operating water experience includes treatment and distribution as a public water system.
- Please list changes in employment (e.g., job title, % of time, duties, etc.) as separate employment events to ensure a more accurate evaluation of your qualifications.
- **Failure to thoroughly describe water or wastewater duties may be reason for disapproval.**

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

*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.

If you attach additional sheets, they MUST be signed and dated by you and your supervisor.