

**Send Application and Fee to:**

DEQ Business Office  
811 SW Sixth Avenue  
Portland, OR 97204-1390  
(503) 229-5161  
Toll free: 1-800-452-4011  
Fax: (503) 229-6957



**Oregon Department of  
Environmental Quality  
Wastewater System Operator  
Certification by Reciprocity**

**DEQ USE ONLY**

L2k Receipt #: \_\_\_\_\_  
Application #: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Check #: \_\_\_\_\_

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number\*:

\***Note:** SSN required per ORS 25.785, and 305.385, unless already on record with DEQ.

**MAILING ADDRESS AND CONTACT INFORMATION**

Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Is this a change of mailing address?  Yes  No Email (required): \_\_\_\_\_

Employer:

Are you now, or have you ever been, certified in Oregon for wastewater system operation?  Yes  No

Have you ever had a wastewater system operator certificate or license revoked or suspended?  Yes  No

Are you requesting reciprocity from another state, province or certifying authority?  Yes  No

Do you require disability accommodation in testing? (If "yes", submit an accommodation form).  Yes  No

**CERTIFICATE TYPE, GRADE AND FEES** (Submit one application for each of the following certificate options)

<b>Wastewater Collection</b>	<b>Wastewater Treatment</b>	<b>Fees</b>
<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade I	\$160
<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade II	\$190
<input type="checkbox"/> Grade III	<input type="checkbox"/> Grade III	\$220
<input type="checkbox"/> Grade IV	<input type="checkbox"/> Grade IV	\$260
<input type="checkbox"/> Grade I Wastewater Collection <b>and</b> Wastewater Treatment		\$240
<input type="checkbox"/> Request for Receipt of Payment		

**APPLICATION PROCESSING**

Include check made payable to "Oregon DEQ".

You will be notified via **email** as to the status of your application about thirty (30) days following DEQ receipt.

**EDUCATION AND TRAINING HISTORY**

**You must** attach proof of education and training (diplomas, college transcripts, certificates, or letters of completion) if not on file with DEQ, showing that you have met or have exceeded the minimum certification qualifications.

**You must** attach a copy of your degree or transcripts if you are applying for a Grade I Certificate and are claiming six months operating experience credit for an Associate of Applied Science degree in water or wastewater technology, or equivalent.

High School Graduate:  Yes  No\*      GED Certificate:  Yes  No\*

School: \_\_\_\_\_ Location: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

\*If you are not a High School Graduate and do not have a GED Certificate, please contact the DEQ Operator Certification Program before submitting this application.

**COLLEGE OR UNIVERSITY, COMMUNITY COLLEGE, OR TRADE SCHOOL**

Name of School	Location	Major	# Semester/ Qtr Credits	Certificate/ Degree Year

**CONTINUING EDUCATION** (Attach additional sheets if necessary)

Subject	Location	Sponsor	CEUS/Hours	Dates (Mo/Yr)

**Total Semester Credits:** \_\_\_\_\_ **Quarter Credits:** \_\_\_\_\_ **CEUs:** \_\_\_\_\_ **Training Hours:** \_\_\_\_\_

**RECIPROCITY APPLICANTS**

**Note:** Reciprocity applicants must hold a valid certificate in another state or province in good standing and that certificate must be attached to this application.

State/Province: \_\_\_\_\_ Certifying Authority: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Certificate Type & Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

Was certificate obtained by ABC exam?  Yes  No

**WASTEWATER OPERATOR WORK EXPERIENCE HISTORY**

Please describe your wastewater operational duties and responsibilities for all work assignments and employers. List any work-related experience separately. Up to 50 percent credit maybe allowed for work-related experience. (OAR 340-049-030(4)(c))

**Note:** All applicants must complete this section, even those applicants who have submitted an application in the past.

**MOST RECENT EXPERIENCE**

Job Title:		Average number of hours worked per week:			
From:	(mm/yy)	To:	(mm/yy)		
Percent of time worked:	WW Collection:	%	WW Treatment:	%	Water: % Other: %
Duties/Responsibilities:					
Employer:			Location:		
Mailing Address:			City:	State:	Zip Code:
System Type and Class:			Design: (MGD or population served)		
System Supervisor:			Phone Number:		

**PREVIOUS WORK EXPERIENCE**

Job Title:		Average number of hours worked per week:			
From:	(mm/yy)	To:	(mm/yy)		
Percent of time worked:	WW Collection:	%	WW Treatment:	%	Water: % Other: %
Duties/Responsibilities:					
Employer:			Location:		
Mailing Address:			City:	State:	Zip Code:
System Type and Class:			Design: (MGD or population served)		
System Supervisor:			Phone Number:		

**PREVIOUS WORK EXPERIENCE (Attach additional sheets if necessary)**

Job Title:		Average number of hours worked per week:			
From:	(mm/yy)	To:	(mm/yy)		
Percent of time worked:	WW Collection:	%	WW Treatment:	%	Water: % Other: %
Duties/Responsibilities:					
Employer:			Location:		
Mailing Address:			City:	State:	Zip Code:
System Type and Class:			Design: (MGD or population served)		
System Supervisor:			Phone Number:		

**REFERENCES**

List the name and address of two people, other than employers, who are familiar with your work that DEQ may contact.

Name	Mailing Address

**AFFIDAVIT OF CURRENT OR MOST RECENT OPERATOR WORK EXPERIENCE**

If you have filled out the previous page, you must have page two filled out and signed by the system supervisor.

**Do not leave any part of this affidavit blank.** This information will be used by DEQ to verify qualifying work experience as a wastewater treatment and/or collection system operator. Information provided must represent the actual "day-to-day" or periodically assigned paid or unpaid work experience the applicant has in the operation of the wastewater system.

To: State of Oregon  
Department of Environmental Quality  
Operator Certification Program

This affidavit certifies that \_\_\_\_\_  is  was gaining  
(Please print Applicant Name)

work experience as \_\_\_\_\_  
Position Title (operator, operator assistant, intern, trainee, etc.)

in  Collection  Wastewater Treatment  Both for \_\_\_\_\_  
Wastewater System Owner (city, service district, company, etc.)

This individual has worked \_\_\_\_\_ months in this position at this facility.

The work scheduled for this position is \_\_\_\_\_ hours per week and \_\_\_\_\_ weeks per year.

Assigned tasks in performance of **operational duties** of the wastewater **collection** system is:

full-time  part-time  N/A.

Assigned tasks in performance of **operational duties** of the wastewater **treatment** system is:

full-time  part-time  N/A.

**STATEMENT OF OPERATIONAL TASKS AND DUTIES**

(Attach position description showing wastewater tasks and duties)

**WASTEWATER COLLECTION/TREATMENT SYSTEM SUPERVISOR SIGNATURE & CONTACT INFORMATION**

I certify that I am the DEQ designated Wastewater Collection or Treatment System Supervisor, or Authorized Representative of the system owner, and that this Affidavit and any attachments accurately represents the work experience of the above named applicant.

\_\_\_\_\_  
(Signature) (Date)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

**APPLICANT SIGNATURE (Required)**

I certify that all information contained in this application, including any attachments, is true and correct to the best of my knowledge and belief. I understand that omissions may disqualify me and that knowingly making a false statement may result in DEQ's refusal to issue a certificate or revocation of any certification granted, as well as prosecution under ORS 448.992(2), which provides for criminal penalties of a fine, imprisonment or both. I also consent to an investigation of my employment and education record and other statements for the purpose of verification of my qualifications for certification.

\_\_\_\_\_  
(Signature of Applicant) (Date)

## APPLICATION CHECKLIST

### A complete application includes:

- Applicant's signature and date
- Application fee(s)  
Make checks payable to "Oregon DEQ"
- Detailed** work experience information
- Education and training documentation (High School diploma, college transcripts, or other official documents)
- Work Experience Affidavit
- Copies of current operator certificate(s) (*for Reciprocity applicants*)

**Keep a copy of this application for your records.**

**DEQ may return, or suspend until complete, any late or incomplete application.**

**Application fees are non-refundable.**

### For questions concerning this application please call or fax:

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