



COLORADO WATER AND WASTEWATER FACILITY OPERATORS CERTIFICATION BOARD

Operator Certification Program Office
2170 S Parker Rd Ste 290
Denver, Colorado 80231

Information (303) 394-8994
Fax (303) 394-3450

Colorado Department of Public Health and Environment

APPLICATION FOR WATER, WASTEWATER, INDUSTRIAL WASTEWATER COLLECTION, AND DISTRIBUTION CERTIFICATION EXAMS

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION. AN INCOMPLETE APPLICATION MAY RESULT IN DISQUALIFICATION.

1. Enter Level as noted in instructions. ONLY ONE SELECTION PER APPLICATION	Water Treatment Level:	Wastewater Treatment Level:	Industrial Wastewater Treatment Level:
	Water Distribution Level:	Wastewater Collection Level:	Small Systems <input type="checkbox"/> TNC <input type="checkbox"/> Water <input type="checkbox"/> Wastewater

2. Exam Date: _____ Location: _____

3. GENERAL INFORMATION Check here if this is a change of information

NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street)

(City) (State) (Zip)

HOME PHONE #: _____ WORK PHONE #: _____ FAX #: _____

CELL PHONE #: _____ E-MAIL: _____ OPERATOR ID # _____

FACILITY PWSID#: _____ or FACILITY PERMIT #: _____

4. Check here if you operate more than one facility and list all other facilities with their PWSID and/or permit number.

5. ARE YOU THE OPERATOR IN RESPONSIBLE CHARGE (ORC)? CHECK ONE Yes No

If "No", Name of ORC and work phone number: _____

6. CHECK ONE New Application Test Retake

7. ARE YOU A HIGH SCHOOL GRADUATE? CHECK ONE Yes No GED

8. EXPERIENCE

List present or most recent employer first, listing all experience related to each position as a facility operator in full detail, including related military experience. If necessary, use pages two and three of this application form.

DATES EMPLOYED (mm/dd/yy)	NAME & ADDRESS OF EMPLOYER/FACILITY	SUPERVISOR NAME & PHONE #	YOUR POSITION TITLE:
From: To:			
FACILITY TYPE:		CHECK ONE: <input type="checkbox"/> Part Time ≤ 20hrs/week <input type="checkbox"/> Full Time >20hrs/week. To qualify for credit, the employment period claimed as applicable experience, whether part-time or full-time, must demonstrate substantial responsibility for operation of the facility or facilities in question.	

Please describe in detail your daily duties as related to the exam for which you are applying. (BE SPECIFIC)

Additional job history.

DATES EMPLOYED (mm/dd/yy) From: To:	NAME & ADDRESS OF EMPLOYER/FACILITY	SUPERVISOR NAME & PHONE #	YOUR POSITION TITLE:
FACILITY TYPE:	CHECK ONE: <input type="checkbox"/> Part Time ≤ 20hrs/week <input type="checkbox"/> Full Time > 20hrs/week. To qualify for credit, the employment period claimed as applicable experience, whether part-time or full-time, must demonstrate substantial responsibility for operation of the facility or facilities in question.		

Continue additional detail here, as needed.

Additional Employment History

Position Held	Employer	Supervisor Name & Phone	Dates Employed	Total Months Part Time/Full Time

Total Hands On Work Experience _____ Months

9. EDUCATION OR CROSS-EXPERIENCE SUBSTITUTION: Are you requesting Education or Cross-experience substitution?

- (Check one) Yes (Submit TU documentation) No.
 Yes (Submit College Degree and copy of original Transcripts) No.
 Yes (Submit Cross-Experience; use available space on page 3 as needed) No.

Education and TU Summary (Regulation 100.12.1 and 100.15.2) No more than 50% of experience credit can come from education. 1 TU = 10 Contact Hours; 30 TUs = 4 Months; 15 Semester Hours = 6 Months Experience; 30 Semester Hours or 45 Quarter Hours = 1 year experience.

Course Name (or degree)	Location (or school)	Dates	Board Approval #	Total Months

Total Education _____ Months Total Experience/Education _____ Months

50% of total must be direct, hands-on work experience.

***** For experience requirements please refer to: E) on the Application Instruction Form *****

