



State Water Resources Control Board

APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

- The Water Treatment Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (SWRCB 8629 (6/2020)) must be filled out *completely* and postmarked by the final filing date of the examination you wish to participate in. For an application to be considered complete, the following *must* be provided:
 - Personal information (name, date of birth, high school information, last four digits of SSN, etc.)
 - Legible photocopies of an official transcript or certificate of completion (noting the number of hours/units of training completed) if specialized training is a requirement for the examination you wish to take. These are the only acceptable forms of verification of completion of a course.
 - Pay by check or money order made out to <u>SWRCB-DWOCP</u>. Do not send CASH.
 - Your original signature (preferably in blue ink)

ALL INFORMATION MUST BE PROVIDED ON THE APPLICATION AND COURSEWORK VERIFIED EVEN IF YOU HAVE PREVIOUSLY SUBMITTED IT.

- 2. All minimum educational qualifications must be met by the final filing date of the exam you wish to participate in. If you have not completed the required specialized training course by the final filing date, your application will be rejected.
- 3. If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as *EXAM FEES ARE NONREFUNDABLE*.

Grade	Examination Fee	Re-Examination Fee*
1	\$50.00	\$30.00
2	\$65.00	\$45.00
3	\$100.00	\$70.00
4	\$130.00	\$95.00
5	\$155.00	\$120.00

^{*}Re-exam fee applies if you are retaking the same grade level after not receiving a passing grade on a previous exam.

4. Mail completed application, exam fee, and required attachments to:

State Water Resources Control Board Drinking Water Operator Certification Program P.O. Box 944212 Sacramento, CA 94244-2120

PROPOSED GRADES 1-4 EXAM SITES

Concord	Los Angeles	Redding	San Diego	Ventura
Fresno	Ontario	Sacramento	San Jose	

PROPOSED GRADE 5 EXAM SITES: Northern California/Southern California

* Exam sites are in the general vicinity of the cities listed and are subject to change. Your preferred exam site may change based on availability.

Grade Level	Minimum Qualifications for Examination		
T1	High School or GED*		
T2	 High School or GED* AND One 36-contact-hour (3-unit) course in <u>drinking water treatment</u>. 		
Т3	 High School or GED AND Two 36-contact-hour (3-unit) courses; one of which is in <u>drinking water treatment</u> AND a second course in either drinking water treatment, wastewater treatment, or distribution. 		
Τ4	 A valid grade T3 operator certificate. AND Three 36-contact-hour (3-unit) courses; two of which are in drinking water treatment AND a third course in either drinking water treatment, wastewater treatment, or distribution. 		
Τ5	 A valid grade T4 operator certificate. AND Four 36-contact-hour (3-unit) courses; two of which are in drinking water treatment AND two additional courses in either drinking water treatment, wastewater treatment, or distribution. 		

* **High school/GED** equivalency for **T1 and T2** <u>ONLY</u> can be fulfilled with successful completion of the Basic Small Water System Operations course developed by the State of California OR **1 year** as an operator of a facility that required an understanding of chemical feeds, hydraulic systems, and pumps.

For more information about specialized training, please visit our website at: www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.html.

WATER TREATMENT OPERATOR

perator number		Exam results			Date received		
pplication approved for:							
T1 T2 T3	T4 T5						
cknowledgement sent Approva	l sent						
oplication <u>NOT</u> approved:							
Insufficient specialized training	verification						
] High school/GED information ir	ncomplete						
Comments							
lease type or print legibly in		SE DO NO		E AB		IE	
		l ogal Namo)					
Last	First	Legar Name/	MI	Suffix	Date of Birth (mm/dd/yyyy)	Last 4-digits of S	ocial Security Number
Mailing address (number, street)					City	State	ZIP code
Work Telephone Number	ext.	Alternate Number: Ho	ome()or C	ell()	E-mail Address:		I
Are you currently certified b	v the State o	f California as a			Operator number	Grade / Expiration I	Date

2. EXAMINATION INFORMATION (Do Not send CASH) – Fees are NON-REFUNDABLE

Grade T1	Grade T2	Grade T3	Grade T4	Grade T5
☐ Exam \$50	☐ Exam \$65	Exam \$100	☐ Exam \$130	Exam \$155
Re-Exam \$30 (if previously failed)	Re-Exam \$45 (if previously failed)	Re-Exam \$70 (if previously failed)	Re-Exam \$95 (if previously failed)	Re-Exam \$120 (if previously failed)

3. EXAM SITE (see cover page for a list of exam sites): _

Do you have an ADA Title I disability/impairment for which you may need assistance during the exam?

-If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.

Please indicate if your religious beliefs prevent you from taking an exam on Saturday.

Yes | |No

No

Yes

-If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.

4. EDUCATION – Check one only

Did you graduate from high s	chool? 🗌 Yes	🗌 No	IF NOT	Did you obtain a GED certificate? If yes, provide a copy.	Yes	🗌 No
Date Graduated (mm/yy)	Name of high school					
Location (city/state)						

OR T1 or T2 applicants ONLY, if you do NOT have a high school diploma or GED certificate you must have

1.	Successfully completed:	
	Basic Small Water System Operations course developed by the State of California?	OR (see next page)
	Yes No (if yes, attach certificate of completion)	

T1 or T2 applicants ONLY, if you do NOT have a high school diploma or GED certificate.

You must have one year of experience as an operator of a facility that requires an understanding of chemical feeds, hydraulic systems, and pumps. <u>This experience must be verified with a dated and signed letter from your supervisor on company</u> <u>letterhead and a copy of your utility's official job description</u>.

From (mm/yy)	To (mm/yy)	Name and Address of Employer	Supervisor's Name

5. SPECIALIZED TRAINING (For grades 2–5 applicants only. Grade 1 applicants proceed to item 6.)

You must attach legible photocopies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). *Please include only that information which verifies completion of the required course work*. **PLEASE NOTE: COPIES OF REPORT CARDS OR** <u>UNOFFICIAL</u> **TRANSCRIPTS** <u>*ARE NOT*</u> **ACCEPTABLE VERIFICATION OF COURSE WORK**.

Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an organization accredited by the International Association of Continuing Education Training (IACET).

T2 applicants: One course in drinking water treatment

T3 applicants: Two courses, one of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

T4 applicants: Three courses, two of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

T5 applicants: Four courses, two of which must be in drinking water treatment, while the two general courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

6. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106877 & Section 106878 of the Health and Safety Code.

Original Signature (Please Sign, NO Black Ink) (Photocopies NOT accepted)

Date

PRIVACY ACT DISCLOSURE

This information is required by the State Water Resources Control Board. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applcant's eligibility for examination as a water treatment facility operator. No transfers of this information are anticipated. For more information, or access to your records, contact the State Water Resources Control Board, Drinking Water Operator Certification Programs, PO Box 944212, Sacramento, CA 94244-2120; telephone number (916) 449-5611.

- Must be check or money order, made out to <u>SWRCB-DWOCP</u> (Do Not Send CASH)
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