



Operator Certification Application | Drinking Water Services Phone

971-673-0321 | Fax 971-673-0694 | dws.opcert@odhsoha.oregon.gov

Fill out the application completely and accurately. Missing information or attachments may cause the application to be returned and will delay the exam and certification process.
Keep a copy of the application for your records. **Instructions are on page 5. Please print clearly.**

1. PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Social Security # (required) _____ ☐ On file with DWS

2. EMPLOYER INFORMATION

Employer Name: _____ PWS ID 41-: _____

3. CONTACT INFORMATION

Mailing Address: _____ ☐ Work ☐ Home
City: _____ State: _____ Zip: _____ County: _____
Work Phone: _____ Cell Phone: _____ Home Phone: _____
Email (required): _____

4. CERTIFICATIONS & FEES (SELECT THE ONES YOU ARE APPLYING FOR)

☐ **Distribution Level:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Treatment Level:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Filtration Endorsement**

First Initial of Last Name	Year	Level 1	Level 2	Level 3	Level 4	FE	Expires
A-K	Even	\$45	\$62.50	\$80	\$97.50	\$45	12/31 this year
	Odd	\$90	\$125	\$160	\$195	\$90	12/31 next year
L-Z	Even	\$90	\$125	\$160	\$195	\$90	12/31 next year
	Odd	\$45	\$62.50	\$80	\$97.50	\$45	12/31 this year

5. SELECT ONE PAYMENT OPTION

☐ **Check:** Make check out to OHA Cashier. Sign and mail all documents to PO Box 14260 Portland, OR 97293
☐ **Credit Card:** pay online www.healthoregon.org/payopcert. Never been certified? Enter D_00000 for your cert #.
Sign and send all documents (include payment receipt) by **Mail:** DWS – OpCert; 800 NE Oregon St, Suite 640; Portland, OR 97232, **Email:** dws.opcert@odhsoha.oregon.gov, or **Fax:** 971-673-0694 Attn: OpCert
This exam application is being paid for by: ☐ Employee ☐ Employer ☐ Other: _____

6. CERTIFICATION HISTORY

Has your Oregon operator certification ever been revoked, suspended, denied, or expired? ☐ Yes ☐ No

Please list your current certifications (i.e. OpCert, Backflow, Cross Connection...)

Certification Type/Level: _____

7. EDUCATION & EMPLOYMENT HISTORY

Date awarded High School Diploma or GED: _____ ☐ copy attached ☐ on file with DWS
College Name: _____ Degree Type: _____ Major: _____ ☐ Transcripts attached
☐ I am using CEU certificates in place of college credits. Certificates are attached.
☐ I have completed an **Employment History Record** and **Affidavit of Employment** for each water related job.

8. CERTIFY & SIGN

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, and/or my certification(s) suspended or revoked.

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____

Office Use Only

☐ Fee ☐ refund ☐ Education ☐ Need more Info: ☐ Approved
☐ Paid ☐ owe additional \$ _____ ☐ Experience ☐ Cert #:



Employment History
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Applicant Name: _____ Cert #: _____
Describe in detail ALL work duties and responsibilities you performed. If you need additional pages, make a copy of this page and attach it to the application. Begin with your current or most recent employer first. **Please print clearly.**

EMPLOYER #1

Employer: _____ PWS ID #41- _____
Employer's Address: _____
Employer's Phone: _____ Email: _____
Supervisor's Name: _____ Title: _____
Your Job Title: _____ Contract Job: ☐ Yes ☐ No
Dates Employed: ____/____/____ to ____/____/____ Total # of Months Employed: _____
☐ Full Time ☐ Half time ☐ less than ½ time: _____ # of hours per week
Describe all duties you perform, be detailed: _____

EMPLOYER #2

Employer: _____ PWS ID# 41- _____
Employer's Address: _____
Employers Phone: _____ Email: _____
Supervisor's Name: _____ Title: _____
Your Job Title: _____ Contract Job: ☐ Yes ☐ No
Dates Employed: ____/____/____ to ____/____/____ Total # of Months Employed: _____
☐ Full Time ☐ Half time ☐ Less than ½ time: _____ # of hours per week
Describe all duties you performed, be detailed: _____



Affidavit of Employment

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Fill out a separate Affidavit of Employment for each direct water related job you are claiming. **Please print clearly.**

APPLICANT INFORMATION

Applicant Name: _____ Cert #: _____

Job Title: _____

PWS Name: _____ PWS ID #41- _____

Company Name: _____

(This line is for the name of the company that contracts services to the PWS)

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT DETAILS

Applicant: ☐ is currently employed ☐ was employed Starting from: ____/____/____ to ____/____/____

Total # of months employed: _____ ☐ full time ☐ half time ☐ less than ½ time: _____ # of hours per week

JOB DUTIES

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity you perform while in employment with this system.

O&M = Operation and Maintenance, WWC= Waste Water Collections, WWT = Waste Water Treatment

Water Distribution (WD) Job Duties

- ☐ Water Quality Testing (i.e. bacteria sampling)
- ☐ O&M of Booster Station/Pumps and Motors
- ☐ O&M of Storage Tanks
- ☐ O&M of Valves
- ☐ O&M of Cross Connection Program
- ☐ Installation of Taps/Pipelines/Service Connections
- ☐ Leak Detection/Repairs
- ☐ Distribution System Flushing

Water Treatment (WT) Job Duties

- ☐ Performance of Lab Tests
- ☐ O&M of Hypochlorination & Gas Chlorination System
- ☐ Calculation of CT Values
- ☐ Corrosion Control, chemical used: _____
- ☐ O&M of Fluoride Feed System
- ☐ O&M of Coagulant Feed System
- ☐ O&M of Conventional/Direct Filtration System
- ☐ O&M of Slow Sand Filter
- ☐ O&M of Membrane Filtration System
- ☐ O&M of Cartridge, Bag, or Diatomaceous Earth Filter

The % of time spent on the activities checked above

WD Operator = _____ % of time
WT Operator = _____ % of time
WWC Operator = _____ % of time
WWT Operator = _____ % of time
Other Duties = _____ % of time, describe other duties: _____

Experience Type

- ☐ Employed as a water operator for _____ months
- ☐ Operational Decision Making for _____ months

FILTRATION ENDORSEMENT (ONLY COMPLETE IF YOU ARE APPLYING FOR THE FE ENDORSEMENT)

ODM= Operational Decision Making

- ☐ ODM at T2 or higher for _____ months (you need at least 12 at a treatment plant with conventional or direct filtration)

STATEMENT OF AUTHENTICITY

Only the **immediate supervisor** or the **DRC** of the system indicated above may verify & sign this document. It is a violation subject to penalties and revocation of certification for any person to knowingly and willfully make any false statement or representations in any application, record, or other document filed herewith.

Signature: _____ Date: _____

Printed Name: _____ ☐ DRC ☐ Supervisor

Email: _____ Phone #: _____

Thank you for applying for an Oregon Drinking Water Operator Certification. The below instructions will help you fill out the Operator Certification Application.

- After completing your application, make a copy to keep for your records before submitting it.
- You may submit a copy of your application and supporting documentation by mail, email, or fax.
- Once the application is received it will be reviewed for completeness. We will notify you by phone, email, or mail if we require additional information to process your application.
- If you qualify to take the exam, AMP will notify you by email, and you will have 90 days to schedule the exam.
 - You can take the exam up to 2 times in a year
- Once you pass the exam, and we have your results from AMP, you will be issued an Operator Certification.

Need Help determining which level of certification you can apply for, or how to calculate your experience?

- Operating Experience must have been gained through direct, “hands-on” operation of water system facilities and includes but is not limited to, decisions related to water quality or quantity that may affect public health.
- Distribution Experience: in one of the following fields, not to exceed ½ of the total experience required: wastewater collection, water treatment, cross connection control, industrial or commercial process water treatment.
- Treatment Experience: in one of the following fields, not to exceed ½ of the total experience required: wastewater treatment, wastewater treatment laboratory, water distribution, industrial or commercial process water treatment.
- The chart on the below is from OAR 333-061-0235 and will help you determine how much education and experience you need for each level of certification.

Cert Type & Level <i>D= Distribution T=Treatment</i>	Experience & Post High School Education		ODM Experience
	Experience ¹	Education ²	
D/T Level 1	12 months	None	None
D/T Level 1	None	12-month certificate or Associate degree in an Authority approved water & environmental technology program.	None
D/T Level 2	36 months	None	None
D/T Level 2	24 months	12 months	None
D /T Level 3	96 months	None	30 months
D /T Level 3	60 months	12 months	30 months
D /T Level 3	48 months	24 months	24 months
D /T Level 3	36 months	36 months	18 months
D/T Level 4	120 months	None	36 months
D/T Level 4	84 months	12 months	30 months
D/T Level 4	72 months	24 months	30 months
D/T Level 4	60 months	36 months	30 months
D/T Level 4	48 months	48 months	24 months
Filtration Endorsement	L 2 operator		12 months at a conventional or direct filtration treatment plant

- One year of experience is equivalent to 12 months of full-time employment with 100% of the applicant’s time dedicated to activities directly related to the certification they are applying for.
- Operating experience earned at a water treatment plant or distribution system is considered qualifying experience for certification up to 1 classification level higher than that of the water system facility where the experience was earned.

Application Packet Instructions

1. Personal Information

- Provide your first name, middle initial and last name.
- Social Security # is required for certification. If this is your very first certification with DWS we cannot process your application without your social security number. If you already have an active certification with DWS, you can leave the field blank and check the box 'Already on File'.

2. Employer Information

- Provide the name of the company or water system you work for. If you work for a water system, please also include the PWS ID#. If you are currently unemployed, just leave this section blank.

3. Contact Information

- **Address:** Provide the mailing address where you want certification and correspondence from this office to be mailed. Identify whether this is your work address or home address.
- **Phone:** Provide at least one phone number.
- **Email:** We may use your email to contact you about your application, and it is how AMP/ABC will contact you if you are approved to take the exam.

4. Certification & Fees

- **Certification:** Select all the certification(s) you are applying for.
 - Note Filtration Endorsement (FE): Must currently have a Treatment Level 2 certification, have 1-year of operational decision-making experience at a water treatment plant with conventional or direct filtration treatment.
- **Fees:** The two-year certification cycle is split up based on your last name.
- Last names that begin with A-K expire in even numbered years.
- Last names that begin with L-Z expire in odd numbered years.
- Fees are based on where we are in the certification cycle at the time that you apply.
- Fees are prorated by 50% if applications are submitted ½ way through the cycle.
- Please use the chart below to determine your application fee.

First Initial of Last Name	Year	Level 1	Level 2	Level 3	Level 4	FE	Expiration
A-K	Even	\$45	\$62.50	\$80	\$97.50	\$45	12/31 this year
	Odd	\$90	\$125	\$160	\$195	\$90	12/31 next year
L-Z	Even	\$90	\$125	\$160	\$195	\$90	12/31 next year
	Odd	\$45	\$62.50	\$80	\$97.50	\$45	12/31 this year

5. Payment Options (*pick one*)

- **Check:** Make your check out to OHA Cashier
Sign and mail all documents to: OHA Cashier; PO Box 14260; Portland, OR 97293
- **Credit Card:** Pay online www.healthoregon.org/payopcrt
 - Sign and send all documents (including payment receipt) by mail, email, or fax.
 - Mail: DWS-OpCert; PO Box 14260; Portland, OR 97293 Email: dws.opcert@odhsoha.oregon.gov
Fax: 971-673-0694

6. Certification History

- Answer the two yes/no questions.
- Provide a list of certifications you currently hold with DWS. Include: distribution, treatment, specialist, or tester certification.

7. Education & Employment History

- **Education:** Provide the date you were awarded your high school diploma or GED and attach a copy to the application. If you have a current certification with DWS please check the box next to 'on file with DWS'.
- If you attended college, provide your college information and attach a copy of your transcripts. If they are already on file, please write 'already on file'
- If you are substituting CEU certificates in place of college credits, check the box and attach the certificates.
- Level 1 certification: an authority approved certificate or degree can substitute for all the required operating experience.
- **Employment History (Experience):** Complete an 'Employment History' form and an 'Affidavit of Employment' form for each water related job you have held.

Employment History form *(attached as page 2)*

- Complete an “Employment History” form for each water related job you have held.
- The form allows you to include two jobs per page, make additional copies of page 2 as necessary.
- Not sure of the water system ID, address, phone number? Check Data online www.yourwater.oregon.gov and search by water system name.
- Submit an original or a copy with your application.

Affidavit of Employment form *(attached as page 3)*

- Key: O&M = Operation and Maintenance, WWC= Waste Water Collections, WWT = Waste Water Treatment
- Complete an Affidavit of Employment for each water related job you have held. It must be signed by the owner, immediate supervisor, or the DRC of the system the experience was obtained at.
- Make additional copies of page 3 as necessary.
- **Operational Decision Making (ODM)** means having responsibility for making decisions among alternatives in the performance of the water treatment plant or the water distribution system regarding water quality or quantity which affect public health. Only a certified operation can make operational decisions and earn credit for ODM.
- **Filtration Endorsement (FE):** only fill in this section if you are applying for a FE. To apply, you must currently have a Treatment Level 2 certification and have 1-year of ODM experience at a water treatment plant with conventional or direct filtration treatment.
- The affidavit must be **signed by your immediate supervisor or the DRC** for the water system.
- Submit an original or a copy with your application.

Additional information and forms at www.healthoregon.org/opcert
Need help? Contact the program 971-673-0321 or email dws.opcert@odhsoha.oregon.gov