



STATE OF RHODE ISLAND

BOARD OF CERTIFICATION OF OPERATORS OF WASTEWATER TREATMENT FACILITIES

APPLICATION FOR CERTIFICATION

FOR OFFICIAL USE ONLY: Do not write in this shaded area.

Fee Paid _____ Check Number _____ Date Paid _____ Approved ☺ _____ Denied ☹ _____

REQUIREMENTS:

APPLICANT SUMMARY:

ACTIONS:

GRADE: _____ FULL
OIT DATE: _____
I2(f) DATE: _____ (no certificate issued)

SECTION 1: INSTRUCTIONS

PLEASE NOTE: IF YOU ARE NOT CURRENTLY WORKING AT A WASTEWATER TREATMENT FACILITY IN RHODE ISLAND, YOU ARE INELIGIBLE FOR CONSIDERATION FOR LICENSURE.

1. Read all instructions and questions carefully before completing application. All information must be written in ink or type written. Applications in pencil will be returned.
2. Sections 2 and 3 must be filled out completely. Do not refer to previous applications when completing these sections. This application will be returned if insufficient information is submitted.
3. Sections 4 and 5 must be completed with as much information as possible. Sections 6 and 7 must be completed and signed.
4. Each application must be accompanied by one of the non-refundable following fees:
Initial Rhode Island Certification Fee - \$10.00
Upgrade Examination Fee - \$5.00
5. Pay by check or money order, made payable to **TREASURER, STATE OF RHODE ISLAND.**
6. Send application and fee to this EXACT address: **BOARD OF CERTIFICATION OF OPERATORS OF WASTEWATER TREATMENT FACILITIES, c/o DEM PERMIT APPLICATION CENTER, 235 PROMENADE ST., PROVIDENCE, RI 02908.**
7. Applications for certification through reciprocity must include a copy of present valid certificate.
8. Providing false or misleading information on this application may result in the revocation of your existing Rhode Island certificate or automatic denials of future applications.

SECTION 2. APPLICANT INFORMATION

1. CIRCLE THE GRADE OF OPERATOR FOR WHICH THIS APPLICATION IS BEING SUBMITTED: 1 2 3 4

2. CHECK ONE: Are you requesting certification through RECIPROCITY , OR EXAMINATION
OR are you seeking Grade 1 licensure having passed the GRADE 1 OPERATOR TRAINING COURSE

3. FILL IN THE FOLLOWING: Your RI Operator Certification Number (if applicable): _____

NAME: (as desired on certificate) _____

RESIDENCE: (street and number) _____

(city/town, state and zip code) _____

Best phone number: () _____ - _____ Email: _____ @ _____ . _____

SECTION 4. PAST EMPLOYMENT AT CURRENT FACILITY OR AT OTHER FACILITIES

LIST ALL PAST EMPLOYMENT AT WASTEWATER FACILITIES IN THE SPACES PROVIDED BELOW. COMPLETE ALL INFORMATION FOR EACH LISTING. ATTACH ADDITIONAL PAGES IF NECESSARY.

Name of facility: _____ Address: _____
Phone: _____ Average Plant Flow (MGD): _____
Supervisor Name: _____ Supervisor Title: _____
Dates employed FROM: ____/____/____ TO: ____/____/____ Does this facility discharge to surface waters? Y / N

General Duties: _____

List major treatment processes (examples: primary, RBCs, Aeration, BNR, etc.): _____

Was this position in Direct Responsible Charge of two or more operators? Yes No

Name of facility: _____ Address: _____
Phone: _____ Average Plant Flow (MGD): _____
Supervisor Name: _____ Supervisor Title: _____
Dates employed FROM: ____/____/____ TO: ____/____/____ Does this facility discharge to surface waters? Yes / No

General Duties: _____

List major treatment processes (examples: primary, RBCs, Aeration, BNR, etc.): _____

Was this position in Direct Responsible Charge of two or more operators? Yes No

Name of facility: _____ Address: _____
Phone: _____ Average Plant Flow (MGD): _____
Supervisor Name: _____ Supervisor Title: _____
Dates employed FROM: ____/____/____ TO: ____/____/____ Does this facility discharge to surface waters? Y / N

General Duties: _____

List major treatment processes (examples: primary, RBCs, Aeration, BNR, etc.): _____

Was this position in Direct Responsible Charge of two or more operators? Yes No

Name of facility: _____ Address: _____
Phone: _____ Average Plant Flow (MGD): _____
Supervisor Name: _____ Supervisor Title: _____
Dates employed FROM: ____/____/____ TO: ____/____/____ Does this facility discharge to surface waters? Y / N

General Duties: _____

List major treatment processes (examples: primary, RBCs, Aeration, BNR, etc.): _____

Was this position in Direct Responsible Charge of two or more operators? Yes No

SECTION 5. EDUCATION

I. COMPLETE ALL APPLICABLE SECTIONS. Please note that at a minimum, a high-school degree or GED is required for licensure.

EDUCATIONAL BACKGROUND	NAME & ADDRESS OF INSTITUTIONS	YEARS ATTENDED FROM TO		DATE OF GRADUATION	DEGREE GRANTED <small>Please submit copies</small>
High School or GED					Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical School					Yes <input type="checkbox"/> No <input type="checkbox"/> Type:
College/University					Yes <input type="checkbox"/> No <input type="checkbox"/> Type:
College/University					Yes <input type="checkbox"/> No <input type="checkbox"/> Type:

2. LIST ANY SPECIAL TRAINING COURSES THAT YOU WOULD LIKE THE BOARD TO KNOW OF. (ATTACH ADDITIONAL PAGES IF NECESSARY.)

Title: _____ Institution: _____

Date Completed: ____/____/____ Address: _____

Title: _____ Institution: _____

Date Completed: ____/____/____ Address: _____

Title: _____ Institution: _____

Date Completed: ____/____/____ Address: _____

SECTION 6. APPLICANT AFFIRMATION

PRINT FULL NAME

I, _____, affirm that I am the applicant named in this application, that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect. and are made in good faith. Furthermore, in accordance with the *Rhode Island Rules and Regulations for Wastewater Treatment Facility Operators*, I am aware that if this request for certification is approved by the Board of Certification of Operators of Wastewater Treatment Facilities (the "Board"), any issued certificate shall expire at midnight on December 31 of every odd calendar year (2021, 2023, etc.), and at that time the certificate may be renewed for an additional two (2) year period thereafter; I am aware that the Board will attempt to notify me as to when it is necessary to renew, however it is my responsibility to attain renewal information at the end of every odd calendar year; If I do not renew as required I will be charged late fees up to \$50.00; If I do not pay the license renewal fee *and* any incurred late fees per notices that will be sent to the address of record, my license will have expired on December 31 of the prior renewal period; I understand that should my license expire, recertification will be through examination only; I also understand that among these and other requirements, I am responsible for informing the Board as to a change of address or a change in employment status within 30 days of the change.

SECTION 7. SUPERINTENDENT AFFIRMATION

PRINT FULL NAME

I, _____, as the superintendent of record for the _____ wastewater treatment facility, affirm and attest that the above individual so named in this application is an employee at this facility and that all information herein regarding current employment only, including but not limited to position title, hire/promotion dates and duties, are true.

Signature of superintendent: _____ Date: ____/____/____

**NOTE: THIS APPLICATION WILL BE RETURNED WITHOUT THE SIGNATURE OF YOUR SUPERINTENDENT.
PLEASE CONFIRM THAT ALL NEEDED AND APPROPRIATE INFORMATION IS COMPLETED IN THIS APPLICATION.**