



STATE OF RHODE ISLAND

Digital VER: February 2026

BOARD OF CERTIFICATION OF OPERATORS OF WASTEWATER TREATMENT FACILITIES

APPLICATION FOR CERTIFICATION

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

Paid : \$5 / \$10 Check/Credit/MO # _____ Date _____ Approved ☺ _____ Denied ☹ _____

REQUIREMENTS:

Course Score: _____ Exam Score: _____

Issue Pass Letter:

Issue Fail Letter:

APPLICANT SUMMARY:

Time in Operations _____

Time in DRC _____

GRADE: _____ FULL

GRADE: _____ OIT DATE: _____

EXAM: _____ 5.10.F DATE: _____ (no certificate issued)

EXAM: _____ 5.10.G DATE: _____ (no certificate issued)

SECTION A: INSTRUCTIONS

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

1. Read all instructions and questions carefully before completing application. All information must be written in ink.
2. Sections B and C must be filled out completely. **Do not refer to previous applications when completing these sections.**
3. Sections D and E must be completed with as much information as possible. Sections F and G must be completed and signed.
4. Each application must be accompanied by one of the following non-refundable fees:
 - Initial application/certification fee - \$10.00*
 - Application fee once certified in RI - \$5.00*
5. **Pay by mail or in person:** Check/money order only. **No cash.** Make checks payable to **TREASURER, STATE OF RHODE ISLAND.**
In-person payment option: Credit card payments are accepted at the DEM Permit Application Center, 235 Promenade St., Providence. *Note: When paying by credit card, an additional "convenience fee" of \$1.20 is charged for a \$10 payment and \$1.10 for a \$5 payment. Higher convenience fees are charged for higher payment values. These fees are subject to change.*
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. Pursuant to § 5-88-1 et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders.
9. Providing false or misleading information on this application may result in the revocation of your existing Rhode Island certificate and/or automatic denials of future applications.

SECTION B. APPLICANT INFORMATION

1. SELECT THE GRADE OF LICENSURE FOR WHICH THIS APPLICATION IS BEING SUBMITTED:

2. CHECK ONE: Are you requesting certification through **RECIPROCITY** , **OR EXAMINATION** **OR** are you seeking Grade 1 licensure by passing the **GRADE 1 OPERATOR TRAINING COURSE** (Include copy of course certificate)

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) _____

Phone number: _____

Email: _____

4. Applicant Social Security Number:

This information is used for tracking purposes only and is kept confidential.

SECTION C. CURRENT POSITION

IMPORTANT: IF YOU ARE NOT CURRENTLY WORKING AT A WASTEWATER TREATMENT FACILITY IN RHODE ISLAND, YOU ARE INELIGIBLE FOR CONSIDERATION FOR LICENSURE. HOWEVER, APPLICATIONS FOR RECIPROCITY MAY BE SUBMITTED FOR ADVISORY OPINIONS WITHOUT CURRENT RHODE ISLAND EMPLOYMENT.

1. NAME AND ADDRESS OF THE FACILITY AT WHICH YOU ARE CURRENTLY EMPLOYED: _____

2. FILL IN THE FOLLOWING INFORMATION ABOUT YOUR CURRENT POSITION:

- Title of your current position: _____
- Exact date you began this position: _____ (Please confirm this with your employer.)
- Have you always worked full-time in this position since this date? Yes No
- Select the number of days you hold this position each week: _____
- How many hours a day do you hold this position? _____
- Who is your immediate supervisor? _____ What is his/her title? _____
- Do you oversee/supervise any operators as a regular duty of your current position? Yes No

If yes, list the number and titles of the personnel under your supervision. Attach additional pages if necessary.

<i>NUMBER</i>	<i>TITLE OF POSITION</i>	<i>RESPONSIBILITIES OF POSITION</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. PROVIDE DETAILED INFORMATION ABOUT YOUR POSITION. THIS SECTION MUST CONTAIN ALL INFORMATION ABOUT YOUR DUTIES. ATTACH ADDITIONAL PAGES IF NECESSARY OR SIMPLY ATTACH YOUR ORGANIZATION'S JOB DESCRIPTION.

4. DOES YOUR POSITION INVOLVE WORK IN THE INDUSTRIAL PRETREATMENT PROGRAM? Yes No
or IN THE MAINTENANCE OF THE COLLECTION SYSTEM? Yes No

If yes to either one, how many average total hours a week are you employed in these capacities? _____

SECTION D. PREVIOUS WASTEWATER EXPERIENCE (IF APPLICABLE)

IN THE SPACES PROVIDED BELOW, LIST PAST EMPLOYMENT AT WASTEWATER FACILITIES PRIOR TO YOUR CURRENT POSITION. FOR FASTER REVIEWS, PLEASE COMPLETE ALL INFORMATION FOR EACH LISTING. ATTACH ADDITIONAL PAGES IF NECESSARY.

Or check here if you have no previous wastewater operator employment

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 one 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 one or more operators? Yes No

SECTION E. EDUCATION

Please note that at a minimum, a high-school degree or GED is required for licensure.
Feel free to list any special training courses separately.

EDUCATIONAL BACKGROUND	NAME & ADDRESS OF INSTITUTIONS	YEARS ATTENDED		DATE OF GRADUATION	WAS A DEGREE GRANTED?
		FROM	TO		Attach diploma copies if this is a first-time application Yes <input type="checkbox"/> No <input type="checkbox"/>
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:

