

**Section D
Education**

Date awarded high school diploma or GED: ____/____/____ (include copy)

College: _____ Year(s) _____ Degree _____ Major _____

**Section E
Employer Information (see instructions)**

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Dates employed: ____/____/____ to ____/____/____

Number of Months Employed: _____ (circle one): Full Time Half Time Less than 1/2 time (# of hrs/week): _____

Supervisor: _____ Phone: (____) _____
(Name) (Certification type & level)

Please use the lines below to describe **ALL the duties** you perform(ed) at this place of employment. Attach separate sheet if needed for additional documentation. Experience: See Oregon Grade Level Prerequisites attached.

**Section F
Oregon Employment**

Are you now employed in Oregon? Yes No Name of PWS (potential) employer: _____

**Section G
Payment**

Reciprocity application review fees are non-refundable. Please see Instructions for complete application packet requirements.

Please mail completed application packet to: Cashier
Department of Human Services
PO Box 14260
Make Check payable to: **DHS-State of Oregon** Portland Oregon 97260

**Section H
Statement of Authenticity**

It is a violation subject to penalties and/or 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.

I hereby certify that to the best of my knowledge all statements made on this application and all attachments are true and correct. I further authorize the Department of Human Services to contact my references and employers (past and present) for verification. I understand that this certification can be denied or revoked if obtained by fraud or deceit.

Signature of Applicant: _____ Date: _____

This must be signed and dated.

Instructions for Reciprocity Application

Operators looking for reciprocity with Oregon must have an Oregon job and/or be living in Oregon

Application Packet must include:

- Copy of your High School Diploma or GED***
- Copy of your current certificate***
- Copy of the regulation under which that agency certifies water system operators***
- Completed application form and affidavit***
- Send required fees (\$100 for each certification requested)***

Section A: General Information

Date Fill in today's date

Reciprocity From Fill in the State from which you hold your current certificate

Social Security Number Fill in your SS# (This is a requirement in Oregon for issuing a license)

Applicant Name Fill in applicants last name, first name and middle initial

Address/Email Fill in your Address, City, State and Zip. Fill in your email address

Telephone # Fill in your telephone #

Country Fill in the country where you live and postal code if not in the U.S.

Other Certifications Check the appropriate boxes

Section B: Application Type

Certification Type Check the appropriate boxes for the type and level of this reciprocity

Section C: Current Certification Information *(send copy of current certification)*

State or Province Fill in the State or Province where you hold your current certificate

Certifying Authority Fill in the name of the agency of the certifying authority

Name Fill in the name of the Operator Certification Coordinator

Phone Number Fill in the phone number of the Operator Certification Coordinator

Certificate Type and Level Fill in your current certificate type and level

Expiration Date Fill in the expiration date of your current certificate

Certificate # Fill in your current active certificate number

Date of Last Exam Fill in the date of your last exam and passing score

Section D: Education (Send Copy)

Graduation Date Fill in the date you graduated from high school or earned your GED

College Fill in the name of the college, the number of years in attendance, the degree and major

Section E: Employer Information

Employer and Address Fill in the employer name and address from the State from which you wish reciprocity

Your Title Fill in your work title with this employer

Dates Employed Fill in the dates you worked for this employer

No. of Months Employed Fill in the number of months you were employed with this employer

Work Status Check whether the work was full time, half time, or less than half time *(list the hours per week when less than half time)*

Supervisor Fill in the full name of your immediate supervisor and telephone number

Job Duties List and describe ALL DUTIES that you performed at this place of employment

Section F: Oregon Employment

Employer Fill in the name of the public water system of your current (or potential) Oregon employer

Section H: Statement of Authenticity

Verification Sign and date the form verifying that all the information is correct and true

Affidavit of Employment (To be completed by the Supervisor)

For inclusion with reciprocity application, which requires a check, send to: **Cashier, Department of Human Services, PO Box 14260, Portland, OR 97293-0260.** When mailing to Operator Certification Staff, send to: **Attn: Op Cert, Drinking Water Program, PO Box 14450, Portland, OR 97293-0450.**

Instructions to Supervisor/Employer

This Affidavit of Employment is required for certification as a Water System Operator in the State of Oregon. It is used to verify employment of applicants applying for certification through reciprocity. As the **SUPERVISOR** or Employer of a Water System Operator, it is **YOUR RESPONSIBILITY** to verify his or her employment for work related experience attained while under your employment or supervision. Please fill in all of the requested information on the Affidavit of Employment. The following information is to assist you in completing the Affidavit.

PWS = Public Water System **WD** = Water Distribution **WT** = Water Treatment
ODM = Operational Decision Making **DRC** = Direct Responsible Charge **WTP** = Water Treatment Plant

Employee Name	Fill in the last name, first name and middle initial of the applicant.
Job Title	Fill in the actual job title of the employee.
Certification #	Fill in the certification number (<i>if applicable</i>) of the applicant.
Company Name	Fill out only when your company contracts services to a PWS and you are verifying that employment for an applicant for certification.
PWS Name	Fill in the name and address of the PWS where the employee attained the experience.
PWS I.D. #	Fill in the I.D. number assigned to the PWS by the Drinking Water Program.
Dates of Employment	Indicate whether or not the applicant is currently employed. Fill in the Month/Day/Year of the employee's <u>drinking water experience employment</u> .
Work Status	Fill in the number of months worked and check whether the work was fulltime, halftime, or less than half time (<i>list the hours per week when less than half time</i>).
Job Duties	Check the appropriate drinking water duties employee performed <u>while in your employment or under your supervision</u> .
Job Description Type	Check the appropriate job description of the employee. Fill in the total percentage of time the employee <u>spent</u> or was <u>responsible</u> for Treatment or Distribution. Include percentages for Wastewater and/or Other Water Related and list Other (such as street maintenance, parks, meter reading, storms, irrigation, grounds, sidewalks, conservation).
Experience Type	Check the appropriate type of experience gained while under your supervision or employment. We are looking for actual type of experience gained. For example: Was the employee's experience in the Operational Decision Making of the plant or system such as a shift lead person or DRC working without the correct certification level? If the employee has gained experience in more than one of the options, please check all appropriate boxes and fill in the number of months experience was gained in each type of experience.
Statement of Authenticity	Sign and date the form verifying that all the information is correct and true. Do not allow anyone else to sign for you. After you have signed the form please fill in your daytime telephone number, print or type your name in the space provided and list your working title. <u>Do not sign an incomplete form.</u> An applicant cannot sign here.

Affidavit of Employment (to be completed by Supervisor)

One page needed for each place of employment

Last name of applicant _____ First _____ MI _____

Job Title _____ Certification # _____ SSN _____ - _____ - _____

PWS Name: _____ (Oregon)PWS I.D. # 4 1

PWS Address _____

Company Name: _____

(This line is for name of company that contracts services to Public Water Systems)

Address: _____ City: _____ State: _____ ZIP: _____

Verification of Employment and Experience

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

Total number of months employed: _____ Full Time Half Time Less than 1/2 time (# of hrs/week) _____

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity this employee performs or has performed while in your employment or under your supervision. List the total percentage of time this employee has spent or is responsible for all of the activities which you checked. (O & M = Operation and Maintenance, circle if only one or the other.)

Water Treatment Job Duties

Water Distribution Job Duties

- Performance of Laboratory tests
- O & M of Coagulant Feed System
- Calculation of CT values
- O & M of Conventional or Direct Filtration System
- O & M of Fluoride Feed System
- O & M of Hypochlorination & Gas Chlorination System
- O & M of Slow Sand Filter
- O & M of Cartridge, Bag, or Diatomaceous Earth Filter

- O & M of Storage Tanks
- O & M of Valves
- O & M of Cross Connection Program
- Distribution System Flushing
- Installation of Taps/Pipelines/Service Connections
- Leak Detection/Repairs
- O & M of Booster Station/Pumps and Motors
- Water quality testing (sampling) (i.e. Bacteria, etc.)

Job Description Type

Experience Type

(Check all that apply. Percentages MUST be completed)

- Water Distribution Operator (WD) % of time= _____
- Water Treatment Operator (WT) % of time= _____
- Wastewater Collections Operator % of time= _____
- Wastewater Treatment Operator % of time= _____
- Other ²Duties % of time _____ list duties here - _____

- Employed as a Water Operator for _____ months
- Operational Decision Making¹ for _____ months

¹ **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. (This includes certified operators doing DRC work but are not certified at level required for system.)

² **Other duties** may include meter reading, park maintenance, storm water, streets, sidewalks, inventory, irrigation, to name a few.

Statement of Authenticity

It is a violation subject to penalties and/or 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.

I have completed the information on this page.

Supervisor's Signature: _____ Phone #: (____) _____

Supervisor's Name (printed) _____ Cert # _____ Title: _____

Are you DRC of this system? Yes No Date: _____

This reciprocity application is being paid by: Employee Employer Other: _____

***☞* Are all blanks completed?**

OREGON WATER OPERATOR GRADE LEVEL PREREQUISITES

TREATMENT OPERATORS

Level	Requirements
1	HS/GED and 1 year experience, OR A 2-year Associates degree in water technology may be substituted for 6 months of the experience No other education can be substituted for this requirement.
2	HS/GED and 3 years experience, OR 1 year relevant post-high school education and 2 years experience
3	HS/GED, 1 yr relevant post-high school, and 5 yrs experience, with 2.5 yrs of ODM; OR HS/GED, 2 yrs relevant post-high school, and 4 yrs experience with 2 yrs of ODM; OR HS/GED, 3 yrs relevant post-high school, and 3 yrs experience with 1.5 yrs of ODM
4	Currently a Level 3 operator AND one of below: HS/GED, 2 yrs relevant post-high school, and 6 yrs experience with 3 yrs of ODM; OR HS/GED, 3 yrs relevant post-high school, and 5 yrs experience with 2.5 yrs of ODM; OR HS/GED, yrs relevant post-high school, and 4 yrs experience with 2 yrs of ODM
FE	Currently a Level 2 Water Treatment Operator AND 1 yr of ODM; at a Class 2 plant or higher with conventional filtration

DISTRIBUTION OPERATORS

Level	Requirements
1	HS/GED and 1 year experience, OR A 2-year Associates degree in water technology may be substituted for 6 months of the experience No other education can be substituted for this requirement.
2	HS/GED and 3 years experience, OR 1 year relevant post-high school education and 2 years experience
3	HS/GED AND 8 YEARS OF ACCEPTABLE OPERATING EXPERIENCE w/2.5 Yrs ODM , OR HS/GED, 1 yr relevant post-high school, and 5 yrs experience, with 2.5 yrs of ODM; OR HS/GED, 2 yrs relevant post-high school, and 4 yrs experience with 2 yrs of ODM; OR HS/GED, 3 yrs relevant post-high school, and 3 yrs experience with 1.5 yrs of ODM
4	Currently a Level 3 operator AND one of below: HS/GED AND 10 YEARS OF ACCEPTABLE OPERATING EXPERIENCE w/3 Yrs ODM , OR HS/GED, 2 yrs relevant post-high school, and 6 yrs experience with 3 yrs of ODM; OR HS/GED, 3 yrs relevant post-high school, and 5 yrs experience with 2.5 yrs of ODM; OR HS/GED, 4 yrs relevant post-high school, and 4 yrs experience with 2 yrs of ODM

Each year of experience is equivalent to 12 months of full-time work in water treatment or distribution, with 100% of time spent on activities in the certification desired (treatment or distribution). Note: An operator who works both in treatment and distribution will take longer than one year to qualify for a Level 1. (See rules regarding substitute experience.)

Forty-five (5) continuing education quarter units (CEUs) can be substituted for 1 year of post high school education.

ODM = Operational decision making

FE = Filtration Endorsement