

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
BUREAU OF WATER**

**APPLICATION FOR CERTIFICATION  
AS A  
WASTEWATER TREATMENT WORKS OPERATOR**

REQUESTED CERTIFICATION LEVEL \_\_\_\_\_

REQUESTED EXAMINATION DATE \_\_\_\_\_

REQUESTED EXAMINATION LOCATION \_\_\_\_\_

**APPLICANT INFORMATION**

GENERAL INFORMATION	NAME - LAST, FIRST, MIDDLE INT.		MR.	MS.	(CHECK ONE)	SOCIAL SECURITY NUMBER
	HOME MAILING ADDRESS					
	STREET	CITY			STATE	ZIP CODE
	HOME PHONE NUMBER (INC. AREA CODE)		DATE OF BIRTH		COUNTY IN WHICH YOU LIVE	
E-MAIL ADDRESS		FAX NUMBER (INC. AREA CODE)		BUSINESS PHONE NUMBER (INC. AREA CODE)		

**EDUCATION**

Are you a High School Graduate? YES      NO      Year Graduated: \_\_\_\_\_

If NO, have you obtained a GED Certificate? YES      Year \_\_\_\_\_ NO

Have you completed courses at a college, university, or trade school? YES      NO  
**(To receive credit for college, university, or trade school courses you must submit a copy of transcripts, grade reports, or diplomas.)**

Have you completed any wastewater treatment or collection system courses? YES      NO  
**(To receive credit for wastewater treatment and/or collection system courses, attach copies of transcripts, grade reports, or certificates of completion.)**

This Agency is authorized to require this information under Illinois Revised Statutes 1979, Chapter 111½Section 1013. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

## WASTEWATER OPERATOR EXPERIENCE

IF NOT CURRENTLY EMPLOYED AS A WASTEWATER OPERATOR LEAVE BLANK  
 IF CURRENTLY EMPLOYED AS A WASTEWATER OPERATOR AT MORE THAN ONE FACILITY,  
 ATTACH LIST INCLUDING ALL DATA REQUESTED BELOW

<b>GENERAL WASTEWATER TREATMENT FACILITY INFORMATION</b>	NAME OF WASTEWATER TREATMENT FACILITY CURRENTLY EMPLOYED AT			
	TREATMENT FACILITY MAILING ADDRESS			
	STREET	CITY	STATE	ZIP CODE
	TREATMENT FACILITY PHONE NUMBER (INCL. AREA CODE)	NAME OF PERSON YOU REPORT TO		

<b>CURRENT WASTEWATER TREATMENT FACILITY EMPLOYMENT</b>	DATE FIRST EMPLOYED AT WASTEWATER TREATMENT FACILITY	<u>EMPLOYMENT</u> FULL TIME PART TIME CONTRACTUAL	HOURS WORKED PER WEEK AT WASTEWATER TREATMENT FACILITY
	JOB DUTIES (BE SPECIFIC)		

## PREVIOUS WASTEWATER OPERATOR EXPERIENCE

IF NOT PREVIOUSLY EMPLOYED AT A WASTEWATER TREATMENT FACILITY LEAVE BLANK  
 IF PREVIOUSLY EMPLOYED AT MORE THAN ONE WASTEWATER TREATMENT FACILITY,  
 ATTACH LIST INCLUDING ALL DATA REQUESTED BELOW

<b>EMPLOYMENT INFORMATION</b>	NAME OF WASTEWATER TREATMENT FACILITY				
	TREATMENT FACILITY MAILING ADDRESS				
	STREET	CITY	STATE	ZIP CODE	
		TREATMENT FACILITY PHONE NUMBER (INCL. AREA CODE)	NAME OF PERSON YOU REPORTED TO		
	DATES EMPLOYED AT WASTEWATER TREATMENT FACILITY FROM (MONTH/YEAR)                      TO (MONTH/YEAR)	<u>EMPLOYMENT</u> FULL TIME PART TIME CONTRACTUAL	HOURS WORKED PER WEEK AT WASTEWATER TREATMENT FACILITY		
JOB DUTIES (BE SPECIFIC)					

## COLLECTION SYSTEM OPERATOR EXPERIENCE

IF NOT CURRENTLY OR PREVIOUSLY EMPLOYED AS A COLLECTION SYSTEM OPERATOR LEAVE BLANK  
IF CURRENTLY OR PREVIOUSLY EMPLOYED AS A COLLECTION SYSTEM OPERATOR AT MORE THAN ONE FACILITY,  
ATTACH LIST INCLUDING ALL DATA REQUESTED BELOW

<b>COLLECTION SYSTEM EMPLOYMENT INFORMATION</b>	NAME OF WASTEWATER COLLECTION SYSTEM			
	COLLECTION SYSTEM MAILING ADDRESS			
	STREET	CITY	STATE	ZIP CODE
	COLLECTION SYSTEM PHONE NUMBER (INCL. AREA CODE)	NAME OF PERSON YOU REPORT TO		
	DATES EMPLOYED AT COLLECTION SYSTEM FROM (MONTH/YEAR)                      TO (MONTH/YEAR)	<u>EMPLOYMENT</u> FULL TIME PART TIME CONTRACTUAL	HOURS WORKED PER WEEK AT COLLECTION SYSTEM	
JOB DUTIES (BE SPECIFIC)				

## PUBLIC WATER SUPPLY OPERATOR EXPERIENCE

IF NOT CURRENTLY OR PREVIOUSLY EMPLOYED AS A PUBLIC WATER SUPPLY OPERATOR LEAVE BLANK  
IF CURRENTLY OR PREVIOUSLY EMPLOYED AS A PUBLIC WATER SUPPLY OPERATOR AT MORE THAN ONE FACILITY,  
ATTACH LIST INCLUDING ALL DATA REQUESTED BELOW

<b>PUBLIC WATER SUPPLY EMPLOYMENT INFORMATION</b>	NAME OF PUBLIC WATER SUPPLY			
	PUBLIC WATER SUPPLY MAILING ADDRESS			
	STREET	CITY	STATE	ZIP CODE
	PUBLIC WATER SUPPLY PHONE NUMBER (INCL. AREA CODE)	NAME OF PERSON YOU REPORT(ED) TO		
	DATES EMPLOYED AT PUBLIC WATER SUPPLY FROM (MONTH/YEAR)                      TO (MONTH/YEAR)	<u>EMPLOYMENT</u> FULL TIME PART TIME CONTRACTUAL	HOURS WORKED PER WEEK AT PUBLIC WATER SUPPLY	
JOB DUTIES (BE SPECIFIC)				

**CERTIFICATION HISTORY**

COMPLETE THE INFORMATION BELOW FOR ALL CERTIFICATIONS IN ILLINOIS IN ANY OTHER PROGRAMS (eg. Public Drinking Water, Wastewater, Laboratory Analyst, etc.) AND/OR ALL CERTIFICATIONS RECEIVED FROM ANY OTHER CERTIFYING AUTHORITY

YES      NO

1. Have you ever obtained or attempted to obtain certification by fraud or deceit?
2. Have you ever demonstrated gross negligence or gross misconduct in the operation and maintenance of a wastewater collection system?
3. Have you ever falsified or willfully failed to maintain or willfully not submitted any records and reports required by any authorized regulatory authority?
4. Has a final judgment in a civil action or a conviction in a criminal action determined that you, the applicant, have performed any of the acts listed above?
5. Have you ever been denied certification for any of the above reasons?  
Please explain all "Yes" responses for Items 1 - 5.

6. Do you presently hold any certifications? YES      NO  
If yes, please provide the following information for all certifications presently held:

Certification Level	Date Certified	Issued By	Program Type	Expiration Date
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7. Have you ever had a certificate sanctioned (revoked, suspended, or placed on probation)? YES      NO  
If yes, please provide the following information for each sanctioned certificate:

Certification Level	Date Certified	Sanctioning Body	Sanction Date	Length Of Sanction
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**SIGNATURES**

**MUST BE COMPLETED AND SIGNED BY BOTH  
SUPERVISOR AND APPLICANT OR APPLICATION WILL BE RETURNED**

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**TO BE COMPLETED AND SIGNED BY SUPERVISOR**

IF NOT CURRENTLY EMPLOYED AT A WASTEWATER TREATMENT FACILITY, THIS SECTION MUST  
BE COMPLETED AND SIGNED BY PREVIOUS SUPERVISOR

I hereby certify that \_\_\_\_\_ is employed at the  
Applicant's Name

\_\_\_\_\_ treatment facility and regularly makes  
Name of Wastewater Treatment Facility  
recommendations to or is responsible for process control decisions.

The applicant has worked in this capacity from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

I also certify that I have reviewed this application and find that the information provided by the applicant and myself is  
true and accurate to the best of my ability.

\_\_\_\_\_  
Signature Business Phone Number (Incl. Area Code) Date

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**TO BE COMPLETED AND SIGNED BY APPLICANT**

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that  
any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMPLETED APPLICATIONS FOR THE WASTEWATER OPERATOR CERTIFICATION PROGRAM  
SHOULD BE MAILED TO:

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
BUREAU OF WATER  
DWPC/CAS #19  
P.O. BOX 19276  
SPRINGFIELD, IL 62794-9276  
ATTN: OPERATOR CERTIFICATION PROGRAM**

TELEPHONE: 217/782-9720