



**STATE OF NEVADA
WASTEWATER TREATMENT PLANT OPERATOR
APPLICATION FOR CERTIFICATION**

(Revised February 2009)

Full Name: _____ Grade Applying For: _____
(Please print/type your name as you want it to appear on certificate) (I, II, III, or IV)

Address: _____ Home Phone: _____
(Street Number) (City) (State) (Zip Code) Cell Phone: _____

Email Address: _____

NOTE: The operator is responsible to notify Administrator of future address changes.

Applying for: EXAMINATION Preferred Testing Location: Las Vegas Reno Ely Elko Other
 RECIPROCITY From What State? _____

Total Amount of Experience as a Wastewater Treatment Plant Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) operator employment)

PRESENT EMPLOYMENT

Employer: _____ Employer's Phone #: _____

Date of Hire: _____

Address: _____

Job Title: _____ Length of Service as an operator: _____

Give a description of your job duties: _____

Name of Supervisor: _____

I am aware that there are significant penalties for attesting to false information. _____

Signature of Supervisor/Date

PRESENT EMPLOYER'S WASTEWATER TREATMENT FACILITIES

Type of Treatment: _____ Treatment Capacity: Average _____ MGD Maximum _____ MGD

Type of Agency: Public Private Other: _____

Brief Description of Treatment Plant: _____

Types of Methodology Used: _____

EDUCATION

List below the name of school, location, city and state in which you attended school	Years Attended	List Science, Engineering or Wastewater Courses and Degree(s) Obtained
(a) High School		
(b) College		
(c) Graduate School		
(d) Trade Business or Correspondence		

(e) Wastewater Courses Satisfactorily Completed: _____

Other education or training you have had (science or wastewater related): _____

Are you presently enrolled in a wastewater course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS WASTEWATER TREATMENT PLANT OPERATOR WORK EXPERIENCE

Dates of Service	Total Years	Employer's Name/Address/Phone	Your Position/Supervisor's Name

Summarize any additional experience you have had which qualifies you for certification as a wastewater treatment plant operator: _____

REFERENCES

Give at least three references as to your operating ability (Supervisors, Foremen, etc.)

Name	Address	Phone	Job Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you hold a valid Wastewater Treatment Plant Operator's Certificate? Yes No State: _____
Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

I certify that the information provided, including attachments, is true and accurate. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

The application fee of \$60 payable to N.D.E.P. (Nevada Division of Environmental Protection) is due and payable at the time of filing this application. The fee is \$75 for reciprocity. Certificates are valid for two years, and renewable upon payment of \$30 fee.	MAIL TO: Wastewater Operator Certification Program Bureau of Water Pollution Control Nevada Division of Environmental Protection 901 S. Stewart, Suite 4001 Carson City, NV 89701 (775) 465-2045
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Items Below for Committee Use Only

Payment Received: _____
Check No.: _____

Approved for Grade: _____ Not Approved _____
Administrator Signature

Examination Date: _____ Examination Proctor: _____
Examination Location: _____

Examination Score: _____ Pass Fail Certified for Grade: _____
Certificate Issued: _____ Certificate No.: _____ Expires: _____