



**Montana Application for Certification as an  
 OPERATOR of A MUNICIPAL, INDUSTRIAL or ON-SITE  
 WASTEWATER TREATMENT SYSTEM**  
 (in accordance with Sections 37-42-101 through 37-42-322. MCA).

Rev/10/2013

**MAIL WITH CORRECT FEES TO:**

MT DEQ/WWOC  
 P.O. Box 200901  
 Helena, MT 59620-0901  
 Phone: (406) 444-4584

**Application Fee - \$70 (Good for one year)**

**Exam Fees per exam:**

<b>1C - \$70</b>	<b>1D- \$70</b>	<b>-----</b>
x	<b>2D- \$70</b>	<b>2E - \$70</b>
<b>3C - \$70</b>	<b>3D- \$70</b>	<b>3E - \$70</b>
x	<b>4D- \$70</b>	<b>4E - \$70</b>

Please leave blank - For office use only

**Operator Status:** **OPERATOR NUMBER**

Temporary \_\_\_\_\_ Date \_\_\_\_\_  
 In Training \_\_\_\_\_ Date \_\_\_\_\_  
 Fully Certified \_\_\_\_\_ Date \_\_\_\_\_

**Application Status:**

Wastewater Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_  
 Wastewater Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_  
 Reciprocity pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_  
 Study Materials Sent on: \_\_\_\_\_

**GENERAL INFORMATION:**

Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program.

NAME: \_\_\_\_\_  

Last
First
Middle
Birth Date

HOME ADDRESS: \_\_\_\_\_  

Street or P.O. Box
City
State
Zip
County

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Business Fax# \_\_\_\_\_ Business E-mail Address \_\_\_\_\_

WASTEWATER SYSTEM EMPLOYMENT: \_\_\_\_\_  

System Name
Your Supervisor's Name

\_\_\_\_\_  

Your Job Title
MPDES/MGWPCS #
System MAILING Address
City
ZIP
County

MAIL INFORMATION TO: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**VERIFICATION OF EDUCATION:** (Please indicate and provide a **copy** of one)  
 HIGH SCHOOL OR COLLEGE DIPLOMA or TRANSCRIPTS     GED CERTIFICATE     JOB SERVICE ASSESSMENT

**TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:**

TYPE	CLASS				(Please leave blank - For office use only - Exam #)	
	1	2	3	4		
<b>C</b> Wastewater Treatment Plant Operator.....	[ ]	--	[ ]	--	_____	_____
<b>D</b> Industrial Wastewater Treatment Plant Operator.....	[ ]	[ ]	[ ]	[ ]	_____	_____
<b>E</b> On-Site Wastewater System Operator	--	[ ]	[ ]	[ ]	_____	_____

Applications, fees, **verification of education** and examination notices **MUST** be submitted at least **30 days** before the examination.

**IMPORTANT: The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.**

**SYSTEM GENERAL EXPERIENCE RECORD:**

What year did you enter work in a WASTEWATER (WW) SYSTEM?		
<u>Enter number of years WW experience in: MUNICIPAL</u>	<u>INDUSTRIAL</u>	<u>ON-SITE</u>
1. Conventional/high rate activated sludge: _____	_____	_____
2. Biological nutrient removal: _____	_____	_____
3. Physical-chemical treatment: _____	_____	_____
4. Extended aeration: _____	_____	_____
5. Oxidation ditches: _____	_____	_____
6. Trickling filters: _____	_____	_____
7. Package plants: _____	_____	_____
8. Bio-discs: _____	_____	_____
9. Aerated lagoons: _____	_____	_____
10. Facultative lagoons: _____	_____	_____
11. Other: _____	_____	_____

**SYSTEM DETAILED EXPERIENCE RECORD:** Please list your **wastewater system** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<u>EMPLOYMENT DATES</u>  From _____ To _____ Month and Year        Month and Year  Total _____ employed Years and Months  Hours per week _____  <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised)  Specific Duties: _____ _____ _____  Reason for Leaving: _____ _____ _____
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**PLEASE DESCRIBE THE SYSTEM PRESENTLY OPERATED:** *(type of system, treatment, and population served - be specific):*

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**EDUCATIONAL REQUIREMENT:** *In order to apply to become a certified operator in Montana, an applicant must provide documentation of education. The minimum requirement is a high school diploma, GED certificate or certificate of competency through the Job Service. Please include copies with your application.*

*Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed and a copy of transcripts is provided with this application.***

**HIGH SCHOOL DIPLOMA** \_\_\_\_\_  
Name and Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

**or G.E.D CERTIFICATE** \_\_\_\_\_  
State Where Issued \_\_\_\_\_ Date of Issue \_\_\_\_\_

**or JOB SERVICE CERTIFICATE** \_\_\_\_\_  
(DEQ employee's initials) \_\_\_\_\_ (Date of Approval) \_\_\_\_\_

**COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location \_\_\_\_\_ Major and Minor Curricula \_\_\_\_\_

\_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_\_\_ Quarters or Semesters Completed \_\_\_\_\_

**OTHER COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location \_\_\_\_\_ Major and Minor Curricula \_\_\_\_\_

\_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_\_\_ Quarters or Semesters Completed \_\_\_\_\_

**EMPLOYER NOTIFICATION** *(Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):*

\_\_\_\_\_ Please notify my present employer of the results of my examination(s).

\_\_\_\_\_ DO NOT notify my present employer of the results of my examination(s).

**CERTIFICATE OF APPLICANT:** *(**Important** - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned.)*

**I agree to uphold the Montana Operator Code of Ethics which reads:** "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

**I swear under penalty of perjury that all information provided in this application submitted for certification is true.** I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Applicant's signature)