



**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:

1C - \$70	1D- \$70	-----
x	2D- \$70	2E - \$70
3C - \$70	3D- \$70	3E - \$70
x	4D- \$70	4E - \$70

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 [] DEQ ASSESSMENT

TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:

TYPE	CLASS			
	1	2	3	4
C Wastewater Treatment Plant Operator Industrial	[]	--	[]	--
D Wastewater Treatment Plant Operator On-Site	[]	[]	[]	[]
E 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?		
Enter number of <u>years</u> WW experience in: <u>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.

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

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 DEQ ASSESSMENT

(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

(Applicant's signature)

DATE
