



**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>x</b>	<b>2D- \$70</b>	<b>2E - \$70</b>
<b>3C - \$70</b>	<b>3D- \$70</b>	<b>3E - \$70</b>
<b>x</b>	<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 [ ] 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?

<b>Enter number of years WW experience in: <u>MUNICIPAL</u></b>	<b><u>INDUSTRIAL</u></b>	<b><u>ON-SITE</u></b>
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 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: \_\_\_\_\_

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: \_\_\_\_\_

System Name: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
MPDES # \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_

Job Title (Check one)  
\_\_\_\_ Superintendent \_\_\_\_\_ Chief Chemist  
\_\_\_\_ Asst. Supt. Shift \_\_\_\_\_ Lab Tech.  
\_\_\_\_ Spvr. \_\_\_\_\_ Mechanic  
\_\_\_\_ Operator \_\_\_\_\_ Electrician  
Other: \_\_\_\_\_

<u>EMPLOYMENT DATES</u>		<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised) Specific Duties:	
From	To		
Month and Year	Month and Year		
Total	employed		
Years and Months			
Hours per week _____			
Full time	Part Time		

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From	To		
Month and Year	Month and Year		
Total	employed		
Years and Months			
Hours per week _____			
Full time	Part Time		

**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
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**or G.E.D CERTIFICATE**

	State Where Issued	Date of Issue
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**or DEQ ASSESSMENT**

	(DEQ employee's initials)	(Date of Approval)
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**COLLEGE OR VO-TECH**

	Name and Location	Major and Minor Curricula
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Degree earned	Date	Quarters or Semesters Completed
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**OTHER COLLEGE OR VO-TECH**

	Name and Location	Major and Minor Curricula
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Degree earned	Date	Quarters or Semesters Completed
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**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**