



State of California—Health and Human Services Agency Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

1. The Water Treatment Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (DHS 8629 (2/04)) must be filled out **COMPLETELY**. The application must be typed or printed legibly in ink. An incomplete or illegible application will result in a delay in evaluation of your qualifications and scheduling for examination.
2. If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as **FILING FEES ARE NONREFUNDABLE**.
3. **Legible copies of official transcripts or certificates of completion** (noting the number of hours/units of training completed) **MUST** be included to verify your educational qualifications. (**PLEASE NOTE:** Copies of report cards and unofficial transcripts **are not** acceptable verification of course work.) **ALL MINIMUM EDUCATIONAL QUALIFICATIONS MUST BE MET BY THE FINAL FILING DATE OF THE EXAM YOU WISH TO PARTICIPATE IN.**
4. Your application must be signed and dated. You must indicate the grade for which you are applying. ***This application is used solely for the purpose of TAKING THE EXAM.***
5. Be sure the appropriate fee is attached to your application, in check or money order form, made out to DHS-OCP. **DO NOT SEND CASH.**

EXAMINATION FEES

Grade 1 = \$50.00	Grade 2 = \$65.00	Grade 3 = \$100.00	Grade 4 = \$130.00	Grade 5 = \$155.00
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RE-EXAMINATION FEES

Grade 1 = \$30.00	Grade 2 = \$45.00	Grade 3 = \$70.00	Grade 4 = \$95.00	Grade 5 = \$120.00
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6. Mail completed application and filing fee to:

California Department of Health Services
 Drinking Water Technical Programs Branch
 Operator Certification Program
 MS 7417
 P.O. Box 997413
 Sacramento, CA 95899-7413

(916) 449-5610
 Fax (916) 449-5654

PROPOSED EXAM SITES (Grades 1–4)

Eureka	Los Angeles	Sacramento	San Diego	Santa Barbara
Fresno	Redding	San Bernardino/Riverside Area	San Jose	Vallejo

GRADE 5 EXAM SITES: Northern California/Southern California

APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

Operator number	Exam results	Date received
Application approved for T1 T2 T3 T4 T5		
Acknowledgement sent Approval sent		
Application NOT approved <input type="checkbox"/> Insufficient specialized training/verification <input type="checkbox"/> High school/GED information incomplete	Certificate dated	Certificate sent
Comments		

PLEASE DO NOT WRITE ABOVE THIS LINE

Please type or print legibly in ink.

1. PERSONAL INFORMATION

Name (last, first, middle initial)		Date of birth / /	Social Security number - -	
Mailing address (number, street)		City	State	ZIP code
Work telephone number () ext.	Home telephone number ()	E-mail address		
Are you currently certified by the State of California as a potable water treatment operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator number	Grade	Issue date	
Are you currently certified by the State of California as a distribution operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator number	Grade	Issue date	

2. EDUCATION

Did you graduate from high school? Yes No **OR** Did you obtain a GED certificate? Yes No

Date (month/year)	Name of high school	Location (city/state)
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If you are applying for a **T1 or T2 ONLY**, and you do not have a high school diploma or GED certificate, you must have one year of experience as an operator of a facility that requires an understanding of chemical feeds, hydraulic systems, or pumps. **This experience must be verified with a copy of your utility's official job description.**

From (mm/yy)	To (mm/yy)	Name and address of employer	Supervisor's name
			Supervisor's telephone number ()

3. EXAMINATION INFORMATION

This application is for grade T	Fee	This application is for <input type="checkbox"/> Exam <input type="checkbox"/> Re-exam <input type="checkbox"/> Restricted certificate	Preferred exam site
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Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? Yes No
If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.

Please indicate if your religious beliefs prevent you from taking an exam on Saturday. Yes No
If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.

4. SPECIALIZED TRAINING (For grades 2–5 applicants only—Grade 1 applicants proceed to item 5.)

You must fill in the course information below and attach legible copies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). *Please include only that information which verifies completion of the required course work.* **PLEASE NOTE: COPIES OF REPORT CARDS OR UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE VERIFICATION OF COURSE WORK.**

Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an organization accredited by the International Association of Continuing Education Training (IACET).

T2 applicants: One course in drinking water treatment

T3 applicants: Two courses, one of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

T4 applicants: Three courses, two of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

T5 applicants: Four courses, two of which must be in drinking water treatment, while the two general courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

Drinking Water Treatment


Course title	Units/hours	Date completed
Instructor's name	College or organization	
Course title	Units/hours	Date completed
Instructor's name	College or organization	

General Course (as stated above)

Course title	Units/hours	Date completed
Instructor's name	College or organization	
Course title	Units/hours	Date completed
Instructor's name	College or organization	

5. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.



 _____ Date _____
 Original signature

PRIVACY ACT DISCLOSURE

This information is required by the California Department of Health Services, Drinking Water Technical Programs Branch. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applicant's eligibility for examination as a water treatment facility operator. No transfers of this information are anticipated. For more information, or access to your records, contact the Drinking Water Technical Programs Branch, Operator Certification Program, MS 7417, P.O. Box 997413, Sacramento, CA 95899-7413; telephone number (916) 449-5610.