



**APPLICATION FOR CERTIFICATION
AS A
PUBLIC WATER SUPPLY OPERATOR**

In order to safeguard the health and well being of the populace, every community water supply in Illinois shall have on its operational staff one natural person certified as competent as a water supply operator under the provisions of the Public Water Supply Operations Act 415 ILCS 45/.

INSTRUCTIONS

CAREFULLY READ AND COMPLETE ALL ITEMS (TYPE OR PRINT)

1. Attach a check, draft or money order made payable to the Illinois Environmental Protection Agency. **The fee to review and process this application is \$30** (application will NOT be processed until fee is paid). The examination fee is \$10. The \$10 exam fee may be paid now or at the location/time of examination. **The fees are non-refundable.**
2. Make certain that your Letter of Verification and your payment are enclosed with your completed application.
3. Return completed application and payment to: Illinois Environmental Protection Agency
Operator Certification/BOW/CAS #19
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

APPLICANT INFORMATION

Name-Last, First, Middle Initial		Mr. Ms. (circle one)		<u>Last 4 digits</u> of Social Security Number _____	
HOME MAILING ADDRESS					
Street		City		State	Zip
Home Phone Number (include area code)		Date of Birth ____/____/____		County in Which You Live	
Business Phone Number (include area code)		FAX Number (include area code)		E-MAIL Address	

HEALTH QUESTIONS

Questions (Check Applicable YES / NO Box)	YES	NO
1. Have you ever had Typhoid Fever?		
2. Have you ever lived with an individual who has had Typhoid Fever?		
3. Have you ever had Amoebic Dysentery?		
4. Have you ever lived with an individual who has had Amoebic Dysentery?		
5. Are you color blind? <i>Being color blind will NOT prevent you from becoming a certified PWS operator. This is intended to alert you to the possibility that some colorimetric testing may require another individuals' interpretation.</i>		

To help determine hands-on water treatment experience, circle all of the following activities that apply to your day-to-day potable water supply experience.

Tests and Analyses			Determine Dose and Feed Rate		Equipment Operated	
Alkalinity	Coliform	pH	Coagulant	Chlorine	Low Service Pumps	Start and Stop Filters
Chlorine	Turbidity	Phosphorus	Coagulant Aid	Lime	High Service Pumps	Set Filter Rates
Fluoride	Jar Tests	Iron	Phosphate	Soda Ash	Chemical Feeders	Backwash Filters
Hardness	Taste, Odor	Collect Samples	Fluoride	Carbon	Chlorinators	Operate Wells
					Membrane Filtration	

PREVIOUS PUBLIC WATER SUPPLY OPERATOR EXPERIENCE

LEAVE BLANK IF **NOT** PREVIOUSLY EMPLOYED AT A PUBLIC WATER SUPPLY TO RECEIVE EXPERIENCE CREDIT, YOU MUST COMPLETE THIS SECTION AND INCLUDE A LETTER OF VERIFICATION FROM EACH PREVIOUS SUPERVISOR.

Name Of Public Water Supply (PWS) Where Previously Employed		PWS Facility Number
PWS Water Supply Mailing Address		
PWS Phone Number (include area code)	Name Of Person You Report To	
Date First Employed At PWS	Employment (Circle One) FULL Time PART Time Contractual	Hours Worked Per Week at PWS
Job Duties (BE SPECIFIC)		

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PWS Water Supply Mailing Address		
PWS Phone Number (include area code)	Name Of Person You Report To	
Date First Employed At PWS	Employment (Circle One) FULL Time PART Time Contractual	Hours Worked Per Week at PWS
Job Duties (BE SPECIFIC)		

EXPERIENCE VERIFICATION REFERENCES

List the name, address, and telephone number of three (3) individuals who can verify your experience. If you do **not** list three (3) individuals, your application will be returned to you.

Name	Address	Telephone
1.		
2.		
3.		

LETTER OF VERIFICATION

A letter of verification must accompany your application. This letter of verification must be prepared by (or for) a water supply official, and must contain that official’s original signature. (Fax and photo copies of signatures are not acceptable.) The letter of verification must completely describe your duties as a water supply operator and/or as a distribution system operator. This letter must include the date you began your employment in water treatment and/or distribution. To receive credit for previous water treatment employment, you must have a similar letter of verification from each of your previous employers which includes your employment dates, a description of your job duties, and an original signature.

NOTE: If the proper Letter of Verification is not submitted, or if required information is not included in the Letter of Verification, your application must be denied.

CERTIFICATION HISTORY

Questions (Check Applicable YES / NO Box)	YES	NO		
1. Have you ever obtained or attempted to obtain certification by fraud or deceit?				
2. Have you ever demonstrated gross negligence or misconduct in the operation and maintenance of a drinking water supply?				
3. Have you ever falsified or willfully failed to maintain or submit records and reports required by any authorized regulatory authority?				
4. Have you received a final judgment in a civil action or conviction in a criminal action determined that you, the applicant, have performed any of the acts listed above?				
5. Have you ever been denied certification for any of the above reasons?				
6. Have you ever had a certificate sanctioned (revoked, suspended, or placed on probation)?				
Please explain all “yes” responses for Items 1-6. _____ _____				
7. Do you presently hold any certifications? If yes, please provide the following information for all certifications				
Certification Level	Date Certified	Issued By	Program Type	Expiration Date

APPLICANT SIGNATURE

READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature: _____

Date: _____