

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF WATER
APPLICATION FOR CERTIFICATION
UNDER THE
VOLUNTARY WASTEWATER COLLECTION SYSTEM OPERATOR PROGRAM**

REQUESTED EXAMINATION DATE: _____

REQUESTED EXAMINATION LOCATION: _____

ELIGIBILITY REQUIREMENTS

Education: Completion of High School or the Equivalent

Experience: 1 Year (Minimum of 3 Months Collection System Operating Experience)

Substitutions: Up to 75% (9 months) for wastewater treatment operation experience credit and/or credit for completed collection system or wastewater treatment courses

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF WATER/DWPC/CAS #19
P.O. BOX 19276
SPRINGFIELD, IL 62794-9276
ATTN: OPERATOR CERTIFICATION PROGRAM**

TELEPHONE: 217/782-9720

APPLICANT INFORMATION

GENERAL INFORMATION	NAME - LAST, FIRST, MIDDLE INT.	MR.	MS.	(CIRCLE ONE)	SOCIAL SECURITY NUMBER
	HOME MAILING ADDRESS				
	STREET	CITY	STATE	ZIP CODE	
	HOME PHONE NUMBER (INC. AREA CODE)	DATE OF BIRTH	COUNTY IN WHICH YOU LIVE		
E-MAIL ADDRESS	FAX NUMBER (INC. AREA CODE)	BUSINESS PHONE NUMBER (INC. AREA CODE)			

EDUCATION

Are you a High School Graduate? YES NO Year Graduated: _____

If NO, have you obtained a GED Certificate? YES NO Year Received GED: _____

HAVE YOU COMPLETED ANY COLLECTION SYSTEM OR WASTEWATER TREATMENT COURSES?
YES NO

TO RECEIVE CREDIT FOR COLLECTION SYSTEM AND/OR WASTEWATER TREATMENT COURSES; ATTACH COPIES OF TRANSCRIPTS, GRADE REPORTS OR CERTIFICATES OF COMPLETION

REVISED 10/2009

This is a voluntary program offered by the Agency to assist those seeking collection system operator certification. Such certification is not required by statute or regulation. The applicant's completion of this application will facilitate the voluntary certification process.

WASTEWATER OPERATOR EXPERIENCE

IF NOT CURRENTLY OR PREVIOUSLY EMPLOYED AS A WASTEWATER OPERATOR LEAVE BLANK
 IF CURRENTLY OR PREVIOUSLY EMPLOYED AS A WASTEWATER OPERATOR AT
 MORE THAN ONE FACILITY ATTACH LIST INCLUDING ALL DATA REQUESTED BELOW

WASTEWATER TREATMENT FACILITY EMPLOYMENT INFORMATION	NAME OF WASTEWATER TREATMENT FACILITY			
	WASTEWATER TREATMENT FACILITY MAILING ADDRESS			
	STREET	CITY	STATE	ZIP CODE
	TREATMENT FACILITY PHONE NUMBER (INCL. AREA CODE)	NAME OF PERSON YOU REPORT TO		
	DATES EMPLOYED AT WASTEWATER TREATMENT FACILITY FROM (MONTH/YEAR) TO (MONTH/YEAR)	EMPLOYMENT	HOURS WORKED PER WEEK AT WASTEWATER TREATMENT FACILITY	
	FULL TIME <input type="checkbox"/>			
	PART TIME <input type="checkbox"/>			
	CONTRACTUAL <input type="checkbox"/>			
JOB DUTIES (BE SPECIFIC)				

CERTIFICATION HISTORY

COMPLETE THE INFORMATION BELOW FOR ALL CERTIFICATIONS IN ILLINOIS IN ANY OTHER
 PROGRAMS (eg. Public Drinking Water, Wastewater, Laboratory Analyst, etc.) AND/OR ALL CERTIFICATIONS
 RECEIVED FROM ANY OTHER CERTIFYING AUTHORITY

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever obtained or attempted to obtain certification by fraud or deceit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever demonstrated gross negligence or gross misconduct in the operation and maintenance of a wastewater collection system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever falsified or willfully failed to maintain or willfully not submitted any records and reports required by any authorized regulatory authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a final judgment in a civil action or a conviction in a criminal action determined that you, the applicant, have performed any of the acts listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been denied certification for any of the above reasons?
Please explain all "Yes" responses for Items 1 - 5. | <input type="checkbox"/> | <input type="checkbox"/> |

6. Do you presently hold any certifications? YES NO
 If yes, please provide the following information for all certifications presently held:

Certification Level	Date Certified	Issued By	Program Type	Expiration Date
				<input type="checkbox"/>

7. Have you ever had a certificate sanctioned (revoked, suspended, or placed on probation)? YES NO
 If yes, please provide the following information for each sanctioned certificate:

Certification Level	Date Certified	Sanctioning Body	Sanction Date	Length Of Sanction

SIGNATURES

MUST BE COMPLETED AND SIGNED BY BOTH SUPERVISOR AND APPLICANT OR APPLICATION WILL BE RETURNED

TO BE COMPLETED AND SIGNED BY SUPERVISOR

IF NOT CURRENTLY EMPLOYED AT A WASTEWATER COLLECTION SYSTEM THIS SECTION MUST BE COMPLETED AND SIGNED BY PREVIOUS SUPERVISOR

I hereby certify that _____ is directly involved in the operation
 Applicant's Name
 and/or maintenance of the _____ collection system.
 Name of Wastewater Collection System

The applicant has worked in this capacity from _____ to _____.
 Date Date

I also certify that I have reviewed this application and find that the information provided by the applicant and myself is true and accurate to the best of my ability.

 Signature Business Phone Number (Incl. Area Code) Date

TO BE COMPLETED AND SIGNED BY APPLICANT

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))

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.

 Signature Date