



**STATE OF NEVADA
WASTEWATER TREATMENT PLANT OPERATOR
APPLICATION FOR CERTIFICATION**

(Revised January 2016)

Full Name: _____ Grade Applying For: _____
(Please print/type your name as you want it to appear on certificate) (I, II, III, or IV)
 Address: _____ Home Phone: _____
(Street Number) (City) (State) (Zip Code) Cell Phone: _____
 Email Address: _____

Are you a veteran of the United States Armed Forces: Yes No MOS & Branch: _____

NOTE: The operator is responsible to notify Administrator of future address changes.

Applying for: EXAMINATION Preferred Testing Location: Las Vegas Reno Ely Elko Other
 RECIPROCITY From What State? _____

Total Amount of Experience as a Wastewater Treatment Plant Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) operator employment)

PRESENT EMPLOYMENT

Employer: _____ Employer's Phone #: _____
 Date of Hire: _____
 Address: _____

Job Title: _____ Length of Service as an operator: _____
 Give a description of your job duties: _____

Name of Supervisor: _____
I am aware that there are significant penalties for attesting to false information. _____
 Signature of Supervisor/Date

PRESENT EMPLOYER'S WASTEWATER TREATMENT FACILITIES

Type of Treatment: _____ Treatment Capacity: Average _____ MGD Maximum _____ MGD

Type of Agency: Public Private Other: _____

Brief Description of Treatment Plant: _____

Types of Methodology Used: _____

EDUCATION

| List below the name of school, location, city and state in which you attended school | Years Attended | List Science, Engineering or Wastewater Courses and Degree(s) Obtained |
|--|----------------|--|
| (a) High School | | |
| (b) College | | |
| (c) Graduate School | | |
| (d) Trade Business or Correspondence | | |

(e) Wastewater Courses Satisfactorily Completed: _____
 Other education or training you have had (science or wastewater related): _____

Are you presently enrolled in a wastewater course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS WASTEWATER TREATMENT PLANT OPERATOR WORK EXPERIENCE

| Dates of Service | Total Years | Employer's Name/Address/Phone | Your Position/Supervisor's Name |
|------------------|-------------|-------------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |

Summarize any additional experience you have had which qualifies you for certification as a wastewater treatment plant operator: _____

REFERENCES

Give at least three references as to your operating ability (Supervisors, Foremen, etc.)

| Name | Address | Phone | Job Title |
|----------|---------|-------|-----------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

Do you hold a valid Wastewater Treatment Plant Operator's Certificate? Yes No State: _____
 Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

I certify that the information provided, including attachments, is true and accurate. By signing this application I agree to adhere to the Wastewater Professional Code of Conduct. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

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|---|---|
| The application fee of \$60 payable to N.D.E.P. (Nevada Division of Environmental Protection) is due and payable at the time of filing this application. The fee is \$75 for reciprocity. Certificates are valid for two years, and renewable upon payment of \$30 fee. | MAIL TO: Wastewater Operator Certification Program Bureau of Water Pollution Control Nevada Division of Environmental Protection 901 S. Stewart, Suite 4001 Carson City, NV 89701 (775) 465-2045 |
|---|---|

| Items Below for Committee Use Only | | | |
|---|---------------------------------------|---|----------------------------|
| Payment Received: _____ | | | |
| Check No.: _____ | | | |
| Approved for Grade: _____ | Not Approved <input type="checkbox"/> | _____ <i>Administrator Signature</i> | |
| Examination Date: _____ | | Examination Proctor: _____ | |
| Examination Location: _____ | | | |
| Examination Score: _____ | | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Certified for Grade: _____ |
| Certificate Issued: _____ | | Certificate No.: _____ Expires: _____ | |