



**Montana Application for Certification as an
OPERATOR of A WATER DISTRIBUTION SYSTEM or A WATER
TREATMENT SYSTEM
(in accordance with Sections 37-42-101 through 37-42-322. MCA).**

Rev/10/2015

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:

1A - \$70	1B - \$70
2A - \$70	2B - \$70
3A - \$70	3B - \$70
Very Small System	
4AB - \$70	

Please leave blank - For office use only

Operator Status:

OPERATOR NUMBER

Temporary _____ Date _____

In Training _____ Date _____

Fully Certified _____ Date _____

Application Status:

Water Application pd: _____ Emp? _____ Date: _____

Water 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 _____

WATER SYSTEM EMPLOYMENT: _____
System Name _____ Your Supervisor's Name _____

Your Job Title _____ PWS # _____ System MAILING Address _____ City _____ ZIP _____ County _____

MAIL INFORMATION TO: _____ Home OR _____ 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				(Please leave blank - For office use only - Exam #)
	1	2	3	4	
A = Water Distribution System Operator	[]	[]	[]	[]	
B = Water Treatment Plant 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 WATER DISTRIBUTION (WD) SYSTEM?	What year did you enter work in a WATER TREATMENT (WT) SYSTEM?
Enter number of years Water Distribution experience in:	
1. Operation and maintenance: _____ _____ _____	1. Groundwater source: _____ 2. Surface water source: _____
2. Maintenance: _____ _____ _____	3. Chlorination: _____ 4. Fluoridation: _____ 5. Stabilization: _____
3. Other (describe): _____ _____ _____	6. Iron or manganese removal: _____ 7. Lime, lime/soda softening: _____ 8. Coagulation & sedimentation: _____ 9. Filtration: _____
_____ _____ _____	10. Other (describe): _____ _____ _____

SYSTEM DETAILED EXPERIENCE RECORD: Please list below your **water distribution and water treatment** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name: _____	EMPLOYMENT DATES		DETAILED DESCRIPTION OF DUTIES
Owner Name: _____	From	To	(If work was of a supervisory nature, give number supervised)
PWS # _____	Month and Year	Month and Year	Specific Duties: _____
Address: _____	Total	employed	_____
City _____ State: _____ Zip: _____	Years and Months		_____
Phone # _____	Hours per week	_____	_____
Job Title (Check one)	Full time	Part Time	Reason for Leaving: _____
<input type="checkbox"/> Superintendent	<input type="checkbox"/> Chief Chemist		_____
<input type="checkbox"/> Asst. Supt.	<input type="checkbox"/> Lab Tech.		_____
<input type="checkbox"/> Shift Spvr.	<input type="checkbox"/> Mechanic		_____
<input type="checkbox"/> Operator	<input type="checkbox"/> Electrician		_____
Other: _____			_____
System Name: _____	EMPLOYMENT DATES		DETAILED DESCRIPTION OF DUTIES
Owner Name: _____	From	To	(If work was of a supervisory nature, give number supervised)
PWS # _____	Month and Year	Month and Year	Specific Duties: _____
Address: _____	Total	employed	_____
City _____ State: _____ Zip: _____	Years and Months		_____
Phone # _____	Hours per week	_____	_____
Job Title (Check one)	Full time	Part Time	Reason for Leaving: _____
<input type="checkbox"/> Superintendent	<input type="checkbox"/> Chief Chemist		_____
<input type="checkbox"/> Asst. Supt.	<input type="checkbox"/> Lab Tech.		_____
<input type="checkbox"/> Shift Spvr.	<input type="checkbox"/> Mechanic		_____
<input type="checkbox"/> Operator	<input type="checkbox"/> Electrician		_____
Other: _____			_____

System Name: _____
Owner Name: _____
PWS # _____
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: _____
PWS # _____
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: _____
PWS # _____
Address: _____
City _____ State: _____ Zip: _____
Phone # _____

Job Title (Check one)
____ Superintendent _____ Chief Chemist
____ Asst. Supt. _____ Lab Tech.
____ Shift 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)	
From	To	Specific Duties: _____ _____ _____	
Month and Year	Month and Year	Reason for Leaving: _____ _____ _____	
Total _____ employed Years and Months			
Hours per week _____			
_____ Full time	_____ Part Time		

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

<u>EMPLOYMENT DATES</u>		<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised)	
From	To	Specific Duties: _____ _____ _____	
Month and Year	Month and Year	Reason for Leaving: _____ _____ _____	
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):

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 _____

or G.E.D CERTIFICATE _____ State Where Issued _____ Date of Issue _____

or DEQ ASSESSMENT _____ (DEQ employee's initials) _____ (Date of Approval) _____

COLLEGE OR VO-TECH _____ Name and Location _____ Major and Minor Curricula _____

Degree earned _____ Date _____ Quarters or Semesters Completed _____

OTHER COLLEGE OR VO-TECH _____ Name and Location _____ Major and Minor Curricula _____

Degree earned _____ Date _____ Quarters or Semesters Completed _____

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 _____ **DATE** _____
(Applicant's signature)