

## **Application for Certification Through Reciprocity**

Certificates may be issued at a comparable level, without examination, to any person who holds operator certification from any province, or equivalent certifying authority if, in the judgment of Alberta Environment, the requirements for certification of operators under which the person's certificate was issued do not conflict with the requirements of the Alberta Certification Program and are of a standard not lower than the requirements of the Alberta Program. An application for certification by reciprocity may be completed and submitted to Alberta Environment.

Information on the Alberta Water and Wastewater Operator Certification Program can be found at:

<http://www3.gov.ab.ca/env/water/DWQ/certification.html>

**ALBERTA ENVIRONMENT**  
**WATER and WASTEWATER OPERATOR CERTIFICATION PROGRAM**  
**APPLICATION FOR CERTIFICATION THROUGH **RECIPROCITY****

**Application Instructions**

This form should be used for all applications for Certification through **Reciprocity** until **December 31, 2008** only. It is to be used for applications for "Municipal" or "Public" certification under the Alberta Environment Water and Wastewater Operators' Certification Program.

To receive full credit for all education and experience, the form **MUST** be filled out completely.

Incomplete forms **WILL** be returned.

**Section A - Personal Information**

This information is necessary if personal files are to be complete. Please fill it out completely. Type or print clearly.

**You will also need to include a copy of your valid certificate from your previous Certification Authority**

**Section B - Education**

The minimum education requirement for certification is Grade 12 or GED. A photocopy of the diploma or a transcript indicating that a diploma was granted must accompany the application.

Alberta Learning will provide High School transcripts if a request is sent to:

Transcript Office, Alberta Learning  
2nd Floor, 44 Capital Boulevard  
10044 - 108 Street  
Edmonton, Alberta T5J 5E6  
Phone: (780) 427-5732  
For toll-free access within Alberta, first dial 310-0000.

The transcript **MUST** show that a diploma was granted.

**Section C – Mandatory Entry Level Training**

A copy of your Mandatory Entry Level Training Course Completion Certificate, or the Level I Certification Preparation Course Completion Certificate or the NAIT Water and Wastewater Technician Program Certificate must be attached. Applications received without verification will be returned.

**Section D - Request Category**

Please indicate category of certification for which you are applying using the appropriate sheet for each category (i.e. water treatment, water distribution, wastewater treatment, wastewater collection).

Please see the Alberta Water and Wastewater Operators' Certification Guidelines for further information (<http://www3.gov.ab.ca/env/water/dwq/certification.html>)

**Section E - Operating Experience**

This section **MUST** be completed with details. A separate page for each category (i.e. water treatment, water distribution, wastewater treatment, and wastewater collection) is required. Applications that are not complete or are not signed by a supervisor **WILL** be returned.

**Section F - Applicant's Declaration**

The application **MUST** be signed and dated by the **APPLICANT**

**Section G - Verification by Supervisor**

The applicant's Supervisor must sign the application.

**Section H - Other**

This space is for any other information the applicant wishes to provide. Additional sheets may be attached to the application.

Faxed applications WILL be accepted. They may be faxed to (780) 427-5204.

The collection of personal information on this form is being managed in accordance with the *Alberta Freedom of Information & Protection of Privacy Act*. The authority for collection of personal information pertaining to the certification of water and wastewater operators is regulated in Alberta by the Environmental Protection and Enhancement (EPEA) Act (sections: 80, 81, 82, 83, and 85, Potable Water Regulations (Sections 2, 3, 14, & 15) and Wastewater and Storm Drainage (Ministerial) Regulation (Sections 2, 3, and 6). The personal information collected on this form will only be used in the administration of the Alberta Water & Wastewater Operator Certification Program. The collection of transcripts and course certificates will only be used by the department for verification purposes. Your personal information will not be shared with any other agency, government departments, businesses or individuals without your specific written consent or unless required to do so by law. Please be aware that Certificates of Qualification that are created by Alberta Environment in the administration of the Environmental Protection & Enhancement Act (EPEA) will be disclosed to the public, on request, as authorized under section 35(1)(b)(ii) of EPEA. If you want further details on how your personal information is collected and used, please contact the Drinking Water Branch at (780) 644-4959.

**OPERATOR CERTIFICATION **RECIPROCITY APPLICATION** - PART A**  
**GENERAL INFORMATION**  
**2006/07/08**  
**Alberta Environment**  
**Water & Wastewater Operator Certification Program**

Type or Print **Clearly** All Information

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**SECTION A – PERSONAL INFORMATION**

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code

Email Address: \_\_\_\_\_

Are you Currently Certified With ANOTHER **CERTIFICATION AUTHORITY**? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Which Certification Authority: \_\_\_\_\_ Cert. #: \_\_\_\_\_

**(Attach a copy of your valid certificate from that authority)**

Current Employer: \_\_\_\_\_ Facility: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_\_) \_\_\_\_\_  
Area code Area code

Supervisor's Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

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**SECTION B - EDUCATION** – The minimum requirement for certification is high school completion or equivalent. **Attach a copy of verification of high school/GED completion AND any relevant post secondary education).** ←

*Applications will NOT be accepted without Education Verification.*

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**Experience Summary Page(s) must accompany this application** ←

Drinking Water Branch  
Environmental Services  
Alberta Environment  
**Good until December 31, 2008 Only**

Mailing Address: 8<sup>th</sup> Floor, 9820 – 106 Street  
Edmonton, AB, T5K 2J6  
FAX: (780) 427-5204

# RECIPROCITY APPLICATION – PART B – WATER TREATMENT

SECTION D – Application for **Water Treatment** Certification Level \_\_\_\_\_

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## SECTION E – EXPERIENCE

### SUMMARY OF WATER TREATMENT OPERATING EXPERIENCE:

Date Current Position (**Employment**) Commenced: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
For previous positions attach additional pages with appropriate information

Duties: Provide a description of operation duties and level of responsibility in water treatment operations. **Also attach a copy of your current position description.**

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Estimated hours per day spent in water treatment operations: \_\_\_\_\_

### SUMMARY OF DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE RELATED TO WATER TREATMENT OPERATIONS

To be certified at a Level III or IV an operator must have DRC experience (as defined in the guidelines). Indicate facility and classification where DRC experience was obtained.

Facility: \_\_\_\_\_ Class: \_\_\_\_\_

DRC Period: From Month \_\_\_\_\_ Year \_\_\_\_\_ TO Month \_\_\_\_\_ Year \_\_\_\_\_ Hours per month spent in DRC \_\_\_\_\_

List DRC Duties: \_\_\_\_\_

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When applying for Level III or IV Water Treatment Certification a copy of your department/municipality organization chart **MUST** accompany your application.

### SECTION F – DECLARATION OF APPLICANT

I \_\_\_\_\_ confirm that the information on this application is true and accurate to the best of my knowledge.  
Printed Name

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION G – VERIFICATION BY SUPERVISOR (*All applications MUST be verified*)

I \_\_\_\_\_ confirm that the above information concerning water treatment operations  
Supervisor Printed Name and Title  
experience is true and accurate to the best of my knowledge.

Supervisor's Signature: \_\_\_\_\_ Supervisor's Comments: \_\_\_\_\_

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**SECTION H – OTHER** – Please indicate how you feel you meet the requirements. This space may also be used for any other comments you may have.

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# RECIPROCITY APPLICATION – PART B – WATER DISTRIBUTION

SECTION D – Application for **Water Distribution** Certification Level \_\_\_\_\_

## SECTION E – EXPERIENCE

### SUMMARY OF WATER DISTRIBUTION OPERATING EXPERIENCE:

Date Current Position (**Employment**) Commenced: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
For previous positions attach additional pages with appropriate information

Duties: Provide a description of operation duties and level of responsibility in WATER DISTRIBUTION operations. **Also attach a copy of your current position description.**

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Estimated hours per day spent in WATER DISTRIBUTION operations: \_\_\_\_\_

### SUMMARY OF DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE RELATED TO WATER DISTRIBUTION OPERATIONS – Not required unless you are using it for substitution purposes.

Indicate facility and classification where DRC experience was obtained.

Facility: \_\_\_\_\_ Class: \_\_\_\_\_

DRC Period: From Month \_\_\_\_\_ Year \_\_\_\_\_ TO Month \_\_\_\_\_ Year \_\_\_\_\_ Hours per month spent in DRC \_\_\_\_\_

List DRC Duties: \_\_\_\_\_

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When applying for Level III or IV WATER DISTRIBUTION Certification a copy of your department/municipality organization chart **MUST** accompany your application.

## SECTION F – DECLARATION OF APPLICANT

I \_\_\_\_\_ confirm that the information on this application is true and accurate to the best of my knowledge.

Printed Name

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION G – VERIFICATION BY SUPERVISOR *(All applications MUST be verified)*

I \_\_\_\_\_ confirm that the above information concerning WATER DISTRIBUTION operations

Supervisor Printed Name and Title

experience is true and accurate to the best of my knowledge.

Supervisor's Signature: \_\_\_\_\_ Supervisor's Comments: \_\_\_\_\_

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**SECTION H – OTHER** – Please indicate how you feel you meet the requirements. This space may also be used for any other comments you may have.

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# RECIPROCITY APPLICATION – PART B – WASTEWATER TREATMENT

SECTION D – Application for **Wastewater Treatment** Certification Level \_\_\_\_\_

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## SECTION E – EXPERIENCE

### SUMMARY OF WASTEWATER TREATMENT OPERATING EXPERIENCE:

Date Current Position (**Employment**) Commenced: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
For previous positions attach additional pages with appropriate information

Duties: Provide a description of operation duties and level of responsibility in wastewater treatment operations. **Also attach a copy of your current position description.**

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Estimated hours per day spent in wastewater treatment operations: \_\_\_\_\_

### SUMMARY OF DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE RELATED TO WASTEWATER TREATMENT OPERATIONS

To be certified at a Level III or IV an operator must have DRC experience (as defined in the guidelines). Indicate facility and classification where DRC experience was obtained.

Facility: \_\_\_\_\_ Class: \_\_\_\_\_

DRC Period: From Month \_\_\_\_\_ Year \_\_\_\_\_ TO Month \_\_\_\_\_ Year \_\_\_\_\_ Hours per month spent in DRC \_\_\_\_\_

List DRC Duties: \_\_\_\_\_

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When applying for Level III or IV Wastewater Treatment Certification a copy of your department/municipality organization chart **MUST** accompany your application.

## SECTION F – DECLARATION OF APPLICANT

I \_\_\_\_\_ confirm that the information on this application is true and accurate to the best of my knowledge.  
Printed Name

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION G – VERIFICATION BY SUPERVISOR (*All applications MUST be verified*)

I \_\_\_\_\_ confirm that the above information concerning wastewater treatment  
Supervisor Printed Name and Title

Operations experience is true and accurate to the best of my knowledge.

Supervisor's Signature: \_\_\_\_\_ Supervisor's Comments: \_\_\_\_\_

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**SECTION H – OTHER** – Please indicate how you feel you meet the requirements. This space may also be used for any other comments you may have.

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# RECIPROCITY APPLICATION – PART B – WASTEWATER COLLECTION

SECTION D – Application for **Wastewater Collection** Certification Level \_\_\_\_\_

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## SECTION E – EXPERIENCE

### SUMMARY OF WASTEWATER COLLECTION OPERATING EXPERIENCE:

Date Current Position (**Employment**) Commenced: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
For previous positions attach additional pages with appropriate information

Duties: Provide a description of operation duties and level of responsibility in WASTEWATER COLLECTION operations. **Also attach a copy of your current position description.**

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Estimated hours per day spent in WASTEWATER COLLECTION operations: \_\_\_\_\_

### SUMMARY OF DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE RELATED TO WASTEWATER COLLECTION OPERATIONS - Not required unless you are using it for substitution purposes.

Indicate facility and classification where DRC experience was obtained.

Facility: \_\_\_\_\_ Class: \_\_\_\_\_

DRC Period: From Month \_\_\_\_\_ Year \_\_\_\_\_ TO Month \_\_\_\_\_ Year \_\_\_\_\_ Hours per month spent in DRC \_\_\_\_\_

List DRC Duties: \_\_\_\_\_

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When applying for Level III or IV WASTEWATER COLLECTION Certification a copy of your department/municipality organization chart **MUST** accompany your application.

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## SECTION F – DECLARATION OF APPLICANT

I \_\_\_\_\_ confirm that the information on this application is true and accurate to the best of my knowledge.

Printed Name

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION G – VERIFICATION BY SUPERVISOR *(All applications MUST be verified)*

I \_\_\_\_\_ confirm that the above information concerning Wastewater Collection Operations experience is true and accurate to the best of my knowledge.

Supervisor Printed Name and Title

Supervisor's Signature: \_\_\_\_\_ Supervisor's Comments: \_\_\_\_\_

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**SECTION H – OTHER** – Please indicate how you feel you meet the requirements. This space may also be used for any other comments you may have.

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