

**APPLICATION INSTRUCTIONS
ALBERTA ENVIRONMENT
WATER AND WASTEWATER
OPERATOR CERTIFICATION PROGRAM
Application Instructions**

General

This form should be used for all **Level II** Certification applications 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. It is intended for first-time applications.

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.

Section B - Education

The minimum education requirement for certification is Grade 12 or GED. You would have submitted this information with your Level I application, and it will be on file.

Section C – Education Substitution for Experience

For Level II Certification you require three years of municipal relevant operating experience. However, you may substitute 1 year of approved relevant post-secondary education (or 45.0 CEUs) for one year of experience.

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). If qualified at Level II, an operator has the option to write up to two categories of certification.

Exams can be rewritten after a six-month waiting period. Candidates must rewrite within one year. Other restrictions may apply regarding rewrites. Please see the Alberta Water and Wastewater Operators Certification Guidelines for further information (<http://www3.gov.ab.ca/env/water/dwq/certification.html>)

If an operator is progressing through the levels (i.e., I to II to III etc.) a minimum of 1 year between exams is required.

If a specific exam date and location is desired, please indicate it in the space provided. If this space is left blank, a schedule will be sent when the application is approved.

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 application must be signed by the applicant's Supervisor.

Section H - Other

This space is for any other information the applicant wishes to provide. If using substitutions, please use this space to show how you feel you meet the requirements. Additional sheets may be attached to the application.

NOTE: Calculators may be used while writing certification exams. Also, a conversion/formula sheet will be provided.

Faxed applications **WILL** be accepted. They may be faxed to (780) 427-5204. All applications must be **received on OR before** the deadline date to be considered. **NO EXCEPTIONS.**

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.

APPLICANT WORKSHEET/CHECKLIST

Level II Certification

A. Education

High School Diploma, General Educational Development (GED) transcript or High School Equivalency Diploma required.
A copy of your diploma/transcript would have been sent in with your Level I application therefore you do not need to send a copy again.



B. Experience

Minimum of 3 years operating experience
in a municipal facility. _____ years
or
2 years of operating experience in a municipal facility, plus
1 year post secondary education (45.0 CEUs)
Copy of relevant education documentation must be attached.



C. Elapsed Time

At least 1 year elapsed time between passing the Level I exam and challenging the Level II exam.

Date of Level I Examination:



Note: If you are applying for certification in more than one of the categories (Water Treatment, Wastewater Treatment, Water Distribution, Wastewater Collection) you must have worked in **EACH** category . Please indicate on your application, your **OPERATIONS** duties in **EACH** of the categories you wish to have considered.

***Please read the application form carefully.
Complete all sections.
Obtain the necessary signatures and provide all necessary attachments.***

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

Type or Print Clearly All Information


SECTION A – PERSONAL INFORMATION

Name: _____ Position Title: _____
Mailing Address: _____

Postal Code _____
Email Address: _____
Current Employer: _____ Facility: _____
Work Address: _____

Postal Code _____
Work Phone Number: (_____) _____ FAX Number: (_____) _____
Area code Area code
Supervisor's Name: _____ Supervisors Title: _____

SECTION B - EDUCATION – The minimum requirement for certification is high school completion or equivalent. This information should have already been attached with your Level I application for certification. You do NOT need to resubmit this information if already on file.

SECTION C – SUBSTITUTION OF POST SECONDARY EDUCATION FOR EXPERIENCE – If you are substituting 1 year of post secondary education (or 45.0 CEUs) please attach a copy of the completed relevant degree or confirmation of CEUs. 

Experience Summary Page(s) must accompany this application 

Deadlines

Applications must be received **ON OR BEFORE:**
January 20, April 10, and September 20 – Each Year
NO EXCEPTIONS

Drinking Water Branch
Environmental Assurance
Alberta Environment

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

This application is only good until December 31, 2008

OPERATOR CERTIFICATION APPLICATION – PART B – WATER TREATMENT

SECTION D – Application for Water Treatment Level II

Exam Location and Date Requested: _____

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.

Estimated hours per day spent in water treatment operations: _____

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: _____ Supervisors Comments: _____

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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OPERATOR CERTIFICATION APPLICATION – PART B – WATER DISTRIBUTION

SECTION D – Application for Water Distribution Level II

Exam Location and Date Requested: _____

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.

Estimated hours per day spent in water distribution operations: _____

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: _____ Supervisors Comments: _____

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.

This form must be used for all applications submitted until December 31, 2008. After December 31, 2008, this form cannot be used and new forms will be available.

OPERATOR CERTIFICATION APPLICATION – PART B – WASTEWATER TREATMENT

SECTION D – Application for Wastewater Treatment Level II

Exam Location and Date Requested: _____

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.

Estimated hours per day spent in wastewater treatment operations: _____

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 operations experience is true and accurate to the best of my knowledge.
Supervisor Printed Name and Title

Supervisor's Signature: _____ Supervisors Comments: _____

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.

This form must be used for all applications submitted until December 31, 2008. After December 31, 2008, this form cannot be used and new forms will be available.

OPERATOR CERTIFICATION APPLICATION – PART B – WASTEWATER COLLECTION

SECTION D – Application for Wastewater Collection Level II

Exam Location and Date Requested: _____

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.

Estimated hours per day spent in wastewater collection operations: _____

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

Supervisor Printed Name and Title

Supervisor's Signature: _____ Supervisors Comments: _____

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.

