



**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/04/2013

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	2A3B - \$70
2A - \$70	2B - \$70	3A4B - \$70
3A - \$70	3B - \$70	4AB - \$70
4A - \$70	4B - \$70	5AB - \$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 JOB SERVICE ASSESSMENT

TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:

TYPE	CLASS					(Please leave blank - For office use only - Exam #)
	1	2	3	4	5	
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.

System Name: _____ Owner Name: _____ PWS # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) <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: _____	<p style="text-align: center;"><u>EMPLOYMENT DATES</u></p> From _____ To _____ Month and Year Month and Year Total _____ employed Years and Months Hours per week _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<p style="text-align: center;"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ PWS # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) <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: _____	<p style="text-align: center;"><u>EMPLOYMENT DATES</u></p> From _____ To _____ Month and Year Month and Year Total _____ employed Years and Months Hours per week _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<p style="text-align: center;"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
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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 JOB SERVICE CERTIFICATE _____
(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)