



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

(Revised April 2018)

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.

EXAMINATION: Computer or Written

Restricted certificates allow an operator to take the examination one certification grade level above their present certification level. A recipient of a restricted certificate can gain full certification at the tested grade level upon satisfaction of the experience requirement for that grade level.

To apply for certification as an operator of a **wastewater treatment**, a person must **be able to demonstrate the required operating experience delineated in NAC 445A.287 (12), be at least 18 years of age, and meet the following minimum education requirements:**

1. Restricted certificates shall not carry regulatory authority to operate a wastewater treatment plant at the restricted grade level and shall be subject to the following eligibility requirements:

Restricted Grade I: A high school diploma, GED, or equivalent, general educational development certificate or equivalent.

Restricted Grade II: Hold an active unrestricted Grade I certification for a minimum of one year, and meet the Grade II educational requirements.

Restricted Grade III: Hold an active unrestricted Grade II certification for a minimum of one year, and meet the Grade III educational requirements.

Restricted Grade IV: Hold an active unrestricted Grade III certification for a minimum of one year, and meet the Grade IV educational requirements.

2. Upon meeting educational eligibility requirements, a person must pass the certification examination for the restricted grade level being sought.

3. A restricted certificate may be converted to an unrestricted full certification upon meeting the experience requirement for the equivalent unrestricted certification.

4. Restricted certificates shall be issued for a period of four years and may not be renewed. Once the restricted certificate has expired, the operator must retest to be issued a new restricted certificate.

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.	_____	_____	_____	_____

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 (see below). If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

The nonrefundable application fee of \$90 payable to N.D.E.P. (<i>Nevada Division of Environmental Protection</i>) is due and payable at the time of filing this application. Certificates are valid for two years, and renewable upon payment of \$110 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
--	---

CODE OF CONDUCT

The Wastewater Professional Code of Conduct requires certificants holding Wastewater Treatment Plant Operator, Collection System Operator, Industrial Waste Operator, Industrial Waste Inspector, Plant Maintenance Technologist and Wastewater Quality Analyst certifications to act honestly, competently, and with integrity and to use their knowledge and skill for protection of the environment. As a condition of holding and maintaining a Nevada certification, I agree to:

- Be truthful and accurate in what I say, do, and write.
- Adhere to all laws and regulations applicable to the profession.
- Promote and encourage the highest quality of wastewater facility/system operation within the industry.
- Not misrepresent nor permit misrepresentation of my qualifications or the qualifications of my associates.
- Not conduct myself in a manner that subverts or attempts to subvert the minimum certification requirements, application processes, or examination processes.
- Uphold and follow all certification policies and procedures.

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: _____