



**APPLICATION FOR INDUSTRIAL/COMMERCIAL
WASTEWATER OPERATOR CERTIFICATION**
By authority of PA 451 1994, as amended.

For Cashier's Use Only Hot Key WWF

Payment and submission information
are listed on the last page of this application.

Accounting Template 761WRDOPERCERTR

Print clearly or type this application.
Application must be completed with signatures and submitted by the designated deadline.

Applicant Name (Last, First, Middle Initial):		E-mail:
Home Mailing Address (Street, City, State, Zip)	Phone Number:	W Number (If applicable) W-
<input type="checkbox"/> Check this box if you require accommodations to write the exam. Explain on a separate sheet.		

Select the classification(s) below that you are requesting to take. You must meet minimum requirements for both experience and education to write an exam.

<input type="checkbox"/> A-1b	Plain Clarification	<input type="checkbox"/> B-1b	Neutralization	<input type="checkbox"/> C-1b	Aerated Lagoons
<input type="checkbox"/> A-1d	Impoundment	<input type="checkbox"/> B-2a	Chemical Clarification	<input type="checkbox"/> C-1c	Stabilization Ponds
<input type="checkbox"/> A-1f	Land Surface Disposal	<input type="checkbox"/> B-2b	Ion Exchange	<input type="checkbox"/> C-2a	Disinfection
<input type="checkbox"/> A-1g	Sub-Surface Disposal	<input type="checkbox"/> B-2c	Oil Water Separation	<input type="checkbox"/> C-2b	Trickling Filters
<input type="checkbox"/> A-2b	Filtration of Wastewater	<input type="checkbox"/> B-2d	Ultraviolet Oxidation	<input type="checkbox"/> C-2c	Biological Sand Filter
<input type="checkbox"/> A-2c	Air Flotation	<input type="checkbox"/> B-3b	Carbon Adsorption	<input type="checkbox"/> C-2d	Rotating Biological Contactors
<input type="checkbox"/> A-2d	Air Stripping	<input type="checkbox"/> B-3c	Reduction of Hex. Chromium	<input type="checkbox"/> C-2f	Constructed Wetlands
<input type="checkbox"/> A-2e	Centrifuging	<input type="checkbox"/> B-3d	Oxidation of Cyanide	<input type="checkbox"/> C-3a	Activated Sludge
<input type="checkbox"/> A-2g	Deep Well Injection			<input type="checkbox"/> C-3b	Sequencing Batch Reactor
<input type="checkbox"/> Check this box for a repeat exam(s) and only complete the first page of the application.					
<p>Note: A-1a or A-1h certification, use the A-1a or A-1h application provided on the EGLE-WRD Operator Training & Certification webpage.</p>					

Preferred Exam Location Chelsea Grand Rapids Lansing Marquette

<p>I hereby certify that all information contained on all pages of this application, including attachments, is accurate and complete. I understand that the information in this application constitutes a part of the examination. I fully understand that falsification of this application may result in denial or revocation of certification. I further certify that I have read and understand the instructions for payment of examination fees.</p> <p>Signature _____ Date _____</p>

EDUCATION AND TRAINING RECORD

HIGH SCHOOL:

Name of School and City, State:	
Did you complete high school chemistry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you received acceptable equivalent training, please list in the training section below.	If yes, year graduated:
	If no, highest grade completed:
	Date G.E.D. Certificate received:

COLLEGE: This section is for courses which college credits were received. Submit transcripts with the application.

Name of School and City, State:	Dates Attended (MM/YY) From: To:	Name of Degree:
		# Credits Received:
Name of School and City, State:	Dates Attended (MM/YY) From: To:	Name of Degree:
		# Credits Received:

NOTE: If you have previously submitted a transcript with an industrial certification application, you must only submit transcripts for additional courses taken.

TRAINING: This section is for courses which college credits were not received. Submit verification with the application.

Name of Course and Location:	Course Sponsor:	Dates Attended (MM/YY) From: To:
Name of Course and Location:	Course Sponsor:	Dates Attended (MM/YY) From: To:
Name of Course and Location:	Course Sponsor:	Dates Attended (MM/YY) From: To:

WASTEWATER TREATMENT EXPERIENCE RECORD – REQUIRED FOR ALL LEVELS

PLEASE READ BEFORE COMPLETING

Complete this entire section for each facility in which you have gained wastewater treatment experience. Please print additional copies of this page if you have experience at multiple facilities. Be sure to have the appropriate supervisory personnel sign this record to verify your statements with respect to your employment. You must detail your experience in each classification you are requesting certification for to qualify to take the examination.

FACILITY INFORMATION

Only complete this section if you are employed by the permittee or facility owner.

Facility Name:	<p>Employment Verification: I find the statements and information contained in this application to be true and correct to the best of my knowledge:</p> <p>Permittee or Facility Owner Name (Print/Type)</p> <p>_____</p> <p>Permittee or Facility Owner (Signature)</p> <p>Permittee Phone Number:</p> <p>Permittee Email:</p>
Mailing Address (Street, City, State, Zip Code):	
Dates of employment at this facility (MM/YY):	
From: To:	
Hours per week in this facility:	

Only complete this section if your employer is not the permittee or facility owner and add only the facility name and address in the above box.

Employer (ex. consulting firm):	<p>Employment Verification: I find the statements and information contained in this application to be true and correct to the best of my knowledge:</p> <p>Employer Supervisor Name (Print/Type)</p> <p>_____</p> <p>Employer Supervisor (Signature)</p> <p>Supervisor Phone Number:</p> <p>Supervisor Email:</p>
Mailing Address (Street, City, State, Zip Code):	
Dates of employment (MM/YY):	
From: To:	
Hours per week in this facility:	



FACILITY DETAILS

Describe the wastewater treatment facility. Include the process of generating waste and each process to treat the waste. Attach additional sheets if necessary.

Average Daily Flow, MGD:

Point of Discharge (groundwater, name of river, lake, etc.):

EXPERIENCE AT THIS FACILITY TO QUALIFY OPERATOR CERTIFICATION

Classification Requested:	Length of experience in this classification: Years, Months
---------------------------	--

Detail your duties in this classification:

Classification Requested:	Length of experience in this classification: Years, Months
---------------------------	--

Detail your duties in this classification:

Classification Requested:	Length of experience in this classification: Years, Months
---------------------------	--

Detail your duties in this classification:

GENERAL APPLICATION INFORMATION AND INSTRUCTIONS

- Please complete the application as directed and submit prior to the deadline. It is helpful to submit your application as soon as possible.
- You must describe your wastewater experience for each specific process type for which you are applying.
- The U.S. Postal Service postmark or a postmark from an independent delivery service will be used to verify that the application has met the deadline for submission. Postmarks by private meter stamps (such as Pitney Bowes) cannot be used as proof of meeting the application deadline.
- A certified operator will not be allowed to take an exam for a classification they currently hold.
- You will be notified of acceptance for the exam by letter to your home address or email, following the Board of Examiners meeting.
- Questions? Please contact the Water Resources Division's Licensing and Technology Support Unit through:
 - EGLE-WRD-OpCert@Michigan.gov
 - 517-284-5567

MINIMUM EXPERIENCE AND EDUCATION REQUIREMENTS FOR EACH LEVEL

EXPERIENCE

A minimum of 6 months of operational experience in each unit process (classification of exam) you request to take. This experience must be gained by the application deadline. If you have any questions pertaining to your Facility Classification, [contact the EGLE District Office for your area.](#)

Please visit our website to review the [list of current industrial classifications and definitions.](#)

EDUCATION

LEVEL 1:

- The ability to read and write.
- Comprehension of the principles and problems of management of the treatment process and facilities.
- The ability to perform arithmetic calculations necessary to operate the waste treatment or control facility and prepare the required report to the Department.

LEVEL 2:

- The equivalent of a high school education with the equivalent of high school chemistry.
 - If you did not complete high school chemistry, 5 years of operating experience is required.
- Comprehension of the principles and problems of management of the treatment process and facilities.
The ability to perform arithmetic calculations necessary to carry out the operation of the waste treatment or control facility and prepare the required report to the Department.

LEVEL 3:

- The equivalent of 2 years of college education in engineering, chemistry, biological sciences, or allied field. Graduation from high school and with at least 4 courses in post-high school level chemistry or biological sciences, or both, may be equivalent.
- Comprehension of the principles and problems of management of the treatment process and facilities.

PAYMENT AND SUBMISSION INSTRUCTIONS

CREDIT CARD

Visit: <https://www.thepayplace.com/mi/deq/indwastewtr> and pay the fee. Then, send your completed application to EGLE-WRD-OpCert@Michigan.gov. In your email, please indicate that you paid online.

CHECK

Please make check payable to "State of Michigan". Mail completed application and fee to:

Department of Environment, Great Lakes, and Energy Cashier's Office – WRD
MDOT Accounting Services Division
PO Box 30657
Lansing, Michigan 48909-8157

EXAM FEES

Number of Exams		Total
Number of Level 1 Exams	x \$35.00 =	\$
Number of Level 2 Exams	x \$35.00 =	\$
Number of Level 3 Exams	x \$40.00 =	\$
Total Fee =		\$

For information or assistance on this form, please contact the Water Resources Division through the EGLE Environmental Assistance Center at 800-662-9278. This form is available in alternative formats upon request.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.