



**APPLICATION FOR MUNICIPAL WASTEWATER  
 TREATMENT PLANT OPERATOR CERTIFICATION**

*By authority of 1994 PA 451 as amended.*

For Cashier's Use Only Hot Key WWF

Accounting Template 761WRDOPERCERTR

**General application instructions are listed on the last page of this document.**

**Check Class Applying for**  **A**  **B**  **C**  **D**  **L2**  **L1**  **SC**

Separate application must be submitted if you are applying for more than one exam.

Applicant Name (Last, First, Middle Initial):		Operator ID Number (if known):	
Home Mailing Address:		Home Phone No.:	Business Phone No.:
City:		State:	Zip Code:
Current Employer:		E-mail:	
<b>Preferred Exam Location</b>			
<input type="checkbox"/> Gaylord <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Lansing <input type="checkbox"/> Marquette <input type="checkbox"/> Midland/Saginaw <input type="checkbox"/> Southeast MI			
<b>Accommodations and Accessibility</b>			
<input type="checkbox"/> If you require accommodations to write the exam, please check here and explain on a separate sheet of paper.			
<b>Repeat Exam Application Instructions</b>			
<input type="checkbox"/> If you are retaking an exam, check this box and complete <b>only this first page</b> of the application.			

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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT AND SUBMISSION INSTRUCTIONS**

**Class A, B, C, or D - \$70.00 per exam**  **Class L1, L2, or SC - \$45.00 per exam**

**CREDIT CARD** – Email completed application and materials to [EGLE-WRD-OpCert@michigan.gov](mailto:EGLE-WRD-OpCert@michigan.gov) and pay at <https://www.thepayplace.com/mi/deq/munwastewtr>. 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

Applicant Name:

**EDUCATION AND TRAINING RECORD**

**HIGH SCHOOL**

Name:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you Complete High School Chemistry? <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:	
Location:			

**COLLEGE**

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

Name of School:	Dates Attended: From: / To: /	Name of Degree:
Location:		# Credits Received:
Name of School:	Dates attended: From: / To: /	Name of Degree:
Location:		# Credits Received:

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

**TRAINING**

This section is for wastewater-related education training for which college credit was not received. Submit verification of these courses with this application.

Course Title and Sponsor	Length/Exam Course Length (Hours) Course Ending Exam <input type="checkbox"/> yes <input type="checkbox"/> no	Dates attended: From:    / To:       /
Course Title and Sponsor	Length/Exam Course Length (Hours) Course Ending Exam <input type="checkbox"/> yes <input type="checkbox"/> no	Dates attended: From:    / To:       /
Course Title and Sponsor	Length/Exam Course Length (Hours) Course Ending Exam <input type="checkbox"/> yes <input type="checkbox"/> no	Dates attended: From:    / To:       /
Course Title and Sponsor	Length/Exam Course Length (Hours) Course Ending Exam <input type="checkbox"/> yes <input type="checkbox"/> no	Dates attended: From:    / To:       /



Applicant Name:

**WASTEWATER TREATMENT EXPERIENCE RECORD CONTINUED**

PLEASE READ BEFORE COMPLETING: Complete this entire section in detail for each facility in which you have gained wastewater treatment experience beginning with the most recent and continue chronologically. If you have held two or more positions for the same treatment facility with different levels of responsibility or different duties, list and describe them separately. Make copies of this page to document additional experience.

**PLANT INFORMATION**

Facility Name:	Name of Supervisor:
Facility Address:	Supervisor Email:
Dates of Employment at this Facility: / / to: / /	Supervisor Address:
Hours in Facility: <input type="checkbox"/> Full time <input type="checkbox"/> Part time _____ Hours/Week	Your Position Title: Number of Employees You Supervise:

Describe your duties in this position (Be specific and attach additional sheets if necessary):

### 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 will receive notification of acceptance or denial no less than 15 days before the examination date.
- A separate application must be submitted for each examination requested.
- On the application, please indicate the preferred location of examination. Applicants will be assigned to the location requested if possible.
- Submit total examination fee with application.
- No refunds will be given.
- 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 deadline.
- Direct operational experience in a municipal wastewater treatment plant must be obtained prior to taking the certification exam.
- A certified operator will not be allowed to take an exam for a classification that 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](mailto:EGLE-WRD-OpCert@michigan.gov)
  - 517-284-5567

### MINIMUM QUALIFICATIONS TO WRITE AN EXAM

Please download and review the [Municipal Wastewater Treatment Plant Operator Certification Board Policy](#) for a complete description of minimum requirements for each classification.

The Board Policy is also listed on our website at [Michigan.gov/WWCertification](http://Michigan.gov/WWCertification) - click on “Municipal Wastewater Treatment Plant Operator Certification” to view the document.

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.