

Received:

APPLICATION FOR WASTEWATER OPERATOR CERTIFICATION

INSTRUCTIONS TO APPLICANTS:

1. Read carefully all instructions and questions before beginning to fill out this application. Incomplete or improperly prepared applications will be returned. To be complete a Tax and Child Support Certification form (with your social security number) must be attached. Fill out entries by typing or print with ball point pen.
2. File the *original signed* application and *\$110.00 application fee* (check or money order payable to *State of Vermont*) with: Department of Environmental Conservation, Watershed Management Division, Wastewater Operator Certification Program, 103 South Main Street, Building 10 North, Waterbury, Vermont 05671-0408.
3. This program is conducted in accordance with the Wastewater Facility Operator Certification Regulations adopted by the Agency in October 1985, copies of which are available.
4. Attach extra sheets, if necessary, for full statement of your record. Label sheets with name and section.
5. For additional information contact Carole Fowler at 802-338-4854.

GENERAL:

1.	Name (in full)		
2.	Home Address		
3.	Date of Birth	Telephone No.	
4.	E-mail Address (Exam announcements are sent by e-mail.)		
Check or circle the grade and type of operator for which you are applying (See Regulations).			
GRADE:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
	<input type="checkbox"/> IV	<input type="checkbox"/> V	PROVISIONAL? <input type="checkbox"/> check if applicable
TYPE:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Industrial Dairy	<input type="checkbox"/> Industrial Metals
	<input type="checkbox"/> Industrial Paper		

EDUCATION AND TRAINING

1. Schools Attended:

	Highest Grade Complete	Date of Graduation	Location of School
Elementary			

High School	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.		

College	Degree:	Course of Study:	

Attach copy of college transcript and degree, if applicable to wastewater field.

2. List other educational courses completed such as vocational school, correspondence, armed forces specialized courses, wastewater treatment short courses, business school, etc. Give dates, names and duration of course, name of school or sponsoring organization. You should be prepared to furnish completion certificates and grades.

CURRENT EMPLOYMENT:

1. Name of Wastewater Treatment Facility
2. Give title and brief description of your present position
Chief Operator Assistant Chief Operator

To whom do you report (give name and title)?

Number of employees at plant:

3. Date first employed as wastewater operator:

EXPERIENCE

1. List in detail all positions you have held in the past 10 years. First list treatment plant experience, then other experience. **If no prior experience – Write NONE.**

a. Treatment Plant Experience (attach sheets if necessary)

Dates		Location of Plant	Type	Capacity	Years in Responsible Charge	Years As Operator
From	To					

b. Other Experience (attach sheets as necessary)

Dates	Employer and Location	Describe Duties

PLANT DATA

- a. Give brief description of the plant in which you are now employed.
- b. Units - Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Primary Pump | <input type="checkbox"/> Secondary Plant |
| <input type="checkbox"/> Industrial Waste | <input type="checkbox"/> Advanced Treatment |
| <input type="checkbox"/> Sewage Pumps | <input type="checkbox"/> Coil Filter |
| <input type="checkbox"/> Grit Chamber | <input type="checkbox"/> Sludge Concentrator |
| <input type="checkbox"/> Comminutor | <input type="checkbox"/> Sand Drying Beds |
| <input type="checkbox"/> Primary Settling Tank | <input type="checkbox"/> Imhoff Tank |
| <input type="checkbox"/> Activated Sludge | <input type="checkbox"/> Chemical Precipitation |
| <input type="checkbox"/> Extended Aeration | <input type="checkbox"/> Nutrient Removal |
| <input type="checkbox"/> Conventional Activated Sludge | <input type="checkbox"/> pH Adjustment |
| <input type="checkbox"/> Flotation Tank | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Oxidation Ditch | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Other | <input type="checkbox"/> Holding Tanks |
| <input type="checkbox"/> Aerated Lagoons | <input type="checkbox"/> Dechlorination |
| <input type="checkbox"/> Lagoons, Settling Ponds | |
| <input type="checkbox"/> Trickling Filter | |
| <input type="checkbox"/> Secondary Settling Tank | |
| <input type="checkbox"/> Digester | |
| <input type="checkbox"/> Sludge Holding Tank | |
| <input type="checkbox"/> Sludge Thickener | |

c. Does your plant serve a: Municipality Industry Institution Other

If "Other" explain:

d. Permitted Annual Average Flow:

OTHER LICENSING

Do you hold a valid wastewater operator certification or license from another state or agency?

Yes No

Please indicate state, agency, department, and provide a copy of the rules under which you are certified.

If so, what is the grade and date of issuance?

REFERENCES

Give names and addresses of at least two persons, not relatives, who have knowledge of your character, experience and ability.

1.
2.
3.
4.

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I further agree to abide by the provisions of the Wastewater Operator Certification Program of the Vermont Department of Environmental Conservation.

(Date) (Applicant Signature) (WWTF Telephone)

BE SURE ALL SECTIONS ARE SIGNED!

The applicant will be a Chief Operator
 Assistant Chief Operator
 Operator
 Other(specify)

The applicant is hereby endorsed for the certification and training programs by:

(Date) (Municipal Official or Facility Owner) (Telephone)

PRINT SIGNATURE NAME HERE: ->

WWTF Mailing Address:
City, State, Zip:
WWTF Phone Number: (802) -

Vermont Department of Environmental Conservation

STATEMENT OF APPLICANT

The Vermont Department of Environmental Conservation (DEC) as a licensing authority is responsible for ensuring that applicants for new and renewal license certify as to their status with regard to child support, taxes, unemployment compensation and unpaid judgments.

CHILD SUPPORT:

Child Support Orders (15 V.S.A. §795) as of the date of this application: **(you must check one)**

- I am not subject to a child support order; OR
 I am subject to a child support order and am in good standing* or in full compliance with a plan to pay
 I am not in good standing* or in full compliance with a plan to pay.**

TAXES:

Tax Compliance (32 V.S.A. §3113(b)) as of the date of this application: **(you must check one)**

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
 No taxes are due and payable and all required returns have been filed; OR
 The liability for any taxes due and payable is on appeal; OR
 I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
 I am not in good standing* or in full compliance with a plan to pay.**

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)) as of the date of this application: **(you must check one)**

- This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR
 No contribution or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
 I am not in good standing* or in full compliance with a plan to pay.**

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid judgments (4 V.S.A. §1110(c)) as of the date of this application: **(you must check one)**

- I do not have any unpaid judgments.
 I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.
 I am not in good standing.*

* "Good standing" is defined by various laws cited above. For more information, refer to the statute.

** You may request a finding that requiring immediate payment would impose an unreasonable hardship.

I certify that all information contained in this application is true and accurate to the best of my knowledge.
The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both. (13 V.S.A. §2901)

Signature of Applicant

Date of Application

Printed Name of Applicant

Applicant Date of Birth