

Connecticut Department of Energy & Environmental Protection

Bureau of Water Protection & Land Reuse Planning & Standards Division

CPPU USE ONLY
App #:
Doc #:
Check #:
Program: Municipal Certification

Application for Examination or Reciprocity for Wastewater Treatment Facility Operator Certification

Part I:	App	licant	Inf	formation
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	Name:				
	Mailing Address:				
	City/Town:		tate:	Zip Code:	
	Phone:	e	ct		
	Email:				
2.	Application for (check one): Testing Reciprocity (see notes under Part	V "Recip	rocity")		
art	II: Certification Status				
1.	Check the certification class that you are applying for:] _	III 🔲 IV		
2.	Have you taken a test for this class of certification before: ☐ No ☐ Yes Month:	Year:			
3.	Are you currently an Operator-in-Training? (applies to Class I, II ar ☐ No ☐ Yes	nd III only	')		
4.	Do you currently hold an active Connecticut Wastewater Operator	Certifica	te?		
	□ No □ Yes Class:	Certificate	e Number:		
5.	If you are applying for reciprocity, where are you currently certified, Class/Grade: State or Province:				
art	III: For State Use Only				
	QUALIFIED FOR TESTING Please bring this form to the following location on the date specified in the enclosed test announcement		APPLICATION Insufficient education	ON REJECTED	Not employed at a Connecticut WPCF
	☐ Tunxis Community College, FARMINGTON		Insufficient experience		Insufficient in-charge time
	☐ Three River's Community College, NORWICH,		Incomplete application		Late application
	Naugatuck Valley Community College WATERBURY				
		Арр	lication review	ed by	Date
	PASS FAIL		form from	Test Results	Reciprocity Granted

Signed: Date:

Part V: Requirements for Operator Certification per State Regulations (22a-416-4)

	Operator Class	Educational Requirements	Experience Requirements		
n per State	I	High School diploma or equivalent plus 9 CEUs in basic wastewater operations courses (22a-416-4(c)(1))	One year at a Class I or higher WWTF		
r Certificatioı (22a-416-4)	II	High School diploma or equivalent plus 30 CEUs in wastewater-related field of which 18 CEUs shall be directly related to the operation of a WWTF (22a-416-4(c)(2))			
Requirements for Operator Certification per State Regulations (22a-416-4)	III	High School diploma or equivalent plus 90 CEUs in wastewater-related field, of which 27 CEUs shall be directly related to the operations of a WWTF (22a-416-4(c)(3))	Four years at a Class II or higher WWTF		
Requiremen	IV	High School diploma or equivalent plus 135 CEUs in wastewater-related field, of which 27 CEUs shall be directly related to the operation of a WWTF (22a-416-4(c)(3))	Four years at a Class III or higher WWTF, at least half as either (1) chief operator at a Class III or IV WWTF or (2) shift operator at Class IV WWTF		
		Substitutions allowed for Class II, III & IV See 22a-416-4(d) & (f)	Substitutions allowed for Class II, III & IV See 22a-416-4(d) & (f)		
Reciprocity	ciprocity Can be granted for any class of operator Can be granted which reciprocity is sought. Individual must meet education and experience requirements of Class for which reciprocity is sought.				
Special Notes Regarding Reciprocity : An application for reciprocity (per 22a-416-5 (c)(5)) can be submitted at any time. However, a reciprocal certificate can only be issued once the applicant has received a written offer of employment from a Connecticut Wastewater Treatment Facility (WWTF) and a copy of that offer is on file with the Department of Energy and Environmental Protection (DEEP). A reciprocal certificate can only be granted prior to an operator starting employment at a Connecticut WWTF. Once employment at such a facility has begun, reciprocity is no longer available.					

Part VI: Basic Educational Background

Did you graduate from high school?	☐ Yes	□ No
If yes, what school: Name of High School		Year Graduated
If no, did you earn a high school equivalency certificate?	☐ Yes	☐ No
If yes, from where? Name of Certifying Body		Year Awarded

Part VII: College or University Background

You *must* submit a copy of your transcript for each college you have attended, or you will not be given credit for any courses taken there.

College:	Location		Major	
Dates Attended – From	То		Degree Earned None	☐ A.S.
Number of Credit Hours Earned:		Full time	☐ B.S. ☐ Part-time	☐ M.S.
College:	Location		Major	
Dates Attended – From	То		Degree Earned None	A.S.
Number of Credit Hours Earned:		Full time	☐ B.S. ☐ Part-time	☐ M.S.
College:	Location		Major	
Dates Attended – From	То		Degree Earned None	☐ A.S.
Number of Credit Hours Earned:		Full time	☐ B.S. ☐ Part-time	☐ M.S.

Continued on Next Page

Part VIII: College or University Courses

Please list below any courses you have taken which you would like to have considered for fulfillment of the educational requirements or as a substitution for experience per section 22a-416-4(d) of the Regulations of Connecticut State Agencies. Note that 1.0 credit hour of college level education is equal to 1.6 Continuing Education Units (CEUs), and that 10 contact hours equals 1.0 CEU. You *must* submit copies of transcripts or certificates for all courses claimed below. Your application will be rejected if educational information is not listed below.

No credit will be	e given for undocumented education.	_	Complete ON	IE of the colu	ımns belov
Course Title	Course Location	Date Complete	Contact Hours	Credit Hours	CEUs

Part IX: Employment History

Please list any relevant employment, beginning with your current employer. For wastewater facilities outside Connecticut, please specify the process type and design flow. If you are claiming Direct Responsible Charge Experience as a Chief or Shift Operator, please supply documentation *from the facility* at which you performed these functions, clearly stating the time periods during which you performed these functions.

Employer	Facility Name		DO NOT WRITE IN THIS COLUMN
Title	Starting Date	Ending Date	FACILITY CLASS
BRIEFLY DESCRIBE YOUR DUTIES:			DIRECT RESPONSIBLE CHARGE
			OPERATIONS
Employer:	Facility Name:		DO NOT WRITE IN THIS COLUMN
Title:	Starting Date:	Ending Date:	FACILITY CLASS
BRIEFLY DESCRIBE YOUR DUTIES:	1	,	DIRECT RESPONSIBLE CHARGE
			OPERATIONS
Employer:	Facility Name:		DO NOT WRITE IN THIS COLUMN
Title:	Starting Date:	Ending Date:	FACILITY CLASS
BRIEFLY DESCRIBE YOUR DUTIES:	I		DIRECT RESPONSIBLE
BRIEFLY DESCRIBE YOUR DOTIES.			CHARGE
			OPERATIONS
Employer:	Facility Name:		DO NOT WRITE IN THIS COLUMN
Title:	Starting Date:	Ending Date:	FACILITY CLASS
BRIEFLY DESCRIBE YOUR DUTIES:	,		DIRECT RESPONSIBLE CHARGE
			OPERATIONS

Instructions:

- Complete this application by typing or printing neatly in ink. A copy will be sent to you for admission to the exam.
- 2. Complete all requested information on this form (all 5 pages). **Incomplete or unreadable applications will be rejected.**
- 3. Attach all necessary information such as transcripts or copies of certificates for courses claimed.
- 4. For all testing or reciprocity requests, enclose a check for **\$240.00** payable to "Department of Energy and Environmental Protection"

- 5. On the front of the check, print "Wastewater Operator Certification Examination"
- 6. Do not forget to sign and date the application in Part IV on page 1.
- 7. Send the completed application and fee before the deadline listed in the test notice to:

Central Permit Processing Unit Department of Energy and Environmental Protection 79 Elm Street Hartford, CT 06106-5127