Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – DISTRIBUTION SYSTEM OPERATOR

Examination Date:

APPLICANT'S CONTACT INFORMATION			
Last Name	M. Initial	First Name	
Company Name (can be left blank)			
Address Line 1 (St. Address or P.O. Box #)			
Address Line 2 (Apt. #, Suite #, Box # - can be left blank)	City	ST	Zip
Email	Telephone		
Fax	Cell Phone		
Social Security Number*	Date of Birth		

APPLICANT'S STATEMENT OF CERTIFICATION:
I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Applicant's Printed Name | Applicant's Signature | Date signed

EXAM CLASS REQUESTED
(Check one)
- Distribution System Class I Operator
- Distribution System Class II Operator
- Distribution System Class III Operator

APPLICANT'S CURRENT CT DPH CERTIFICATION STATUS
(Check all that apply)
- not currently certified
- active certification, or inactive certification
  - Water Treatment Plant Operator
  - Distribution System Operator
  - Small Water System Operator
- Backflow Preventer Tester or Tester/Inspector

RE-APPLICATION (Check if applicable)
Check the below Reapplication box if you are applying for an exam that you have previously been approved to take and indicate the prior exam date:
Re-application Prior exam date _____

DEMONSTRATE COMPLETION OF HIGH SCHOOL EDUCATION
One of the following documents must be submitted with this application to demonstrate that the applicant has completed a high school level of education: (**Check off one of the following this is included with this application**)
- a copy of your high school diploma
- high school or post-high school transcript
- letter from high school verifying graduation
- Other:_____
- high school equivalency diploma (GED)
- post-high school diploma

FOR STATE USE ONLY Received Date Stamp	Substantiated Length of Experience:	
	Substantiated Completed High School Education:	
	Written Test Score:	
	Issued Certification Number:	
Envl. Post Mark(PM) Date:_____/____/_____	Effective Date:	
	Expiration Date:	
Attach Envl. If PM is after application deadline	Internal Check Number:	

Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – DISTRIBUTION SYSTEM OPERATOR

Verification of Distribution System (DS) Operator Work Experience

Applicants Last Name:	First:
Applicants Job Title:	
Public Water System (PWS) ID:	
Name of PWS where applicant gained DS operator experience:	
Length/Period of applicant's experience operating the above named PWS Distribution System:	DATES - From: To: (write in "To Present" if currently operating)
Applicant's Employment Status (during the length of time listed above) __ full time employee or __ part time (hours/week)	

Check off only the activities the applicant routinely performed for the above named DS and listed period. NOTE: CHECKING ALL BOXES ISN'T NECESSARY TO DEMONSTRATE THE REQUIRED AMOUNT OF EXPERIENCE.

WATER DISTRIBUTION SYSTEM CONSTRUCTION
- __ Install or Replace Water Mains
- __ Install or Replace Fire Hydrants
- __ Install or Replace System Valves
- __ Perform Construction Flushing
- __ Perform Pressure Tests & Leakage Calculations
- __ Disinfect & Sample New Mains

WATER DISTRIBUTION SYSTEM REPAIRS
- __ Repair Water Mains
- __ Repair Hydrants
- __ Repair Well or Booster Pumps
- __ Repair Control Valves
- __ Repair Distribution Valves

WATER DISTRIBUTION SYSTEM OPERATION
- __ Perform Routine Flushing
- __ Perform Routine Valve Turning
- __ Operate Well or Booster Pumps
- __ Collect Routine Bacteriological Samples
- __ Operate or Control Water Storage
- __ Perform Leak Detection

WATER DISTRIBUTION SYSTEM CUSTOMER METERS
- __ Read Meters/Remotes
- __ Test Meters/Remotes
- __ Repair Meters/Remotes
- __ Install Meters/Remotes

WATER DISTRIBUTION SYSTEM SERVICE LINES
- __ Install Services, Taps, Curb Stops
- __ Repair Services, Taps, Curb Stops
- __ Perform Line Locating
- __ Perform Turn On & Shut Offs

WATER DISTRIBUTION CROSS CONNECTIONS
- __ Conduct Formal Cross Connection Inspections
- __ Enforce Formal Cross Connection Program
- __ Maintain Cross Connection Records
- __ Review Device Test Reports
- __ Prepare Annual Cross Connection Report

WATER DISTRIBUTION SYSTEM ADMINISTRATION
- __ Prepare/Maintain Reports & Plans
- __ Respond to Customer Complaints
- __ Schedule Maintenance
- __ Maintain Spare Parts Inventory
- __ Prepare Water System Budgets
- __ Train & Manage Personnel
- __ Maintain Distribution Appurtenance
- __ Records Schedule Distribution Work Force

Other (if necessary list other distribution work duties the applicant has routinely performed):

CHIEF OPERATOR and/or SUPERVISOR VERTIFICATION:

I verify that the applicant's water distribution system operator experience as described on this page is correct and understand that if I am a certified operator, any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Printed Name	Signature	Title	Date	Phone

Demonstrate Educational Training Beyond High School in a Field Applicable to Distribution Systems

This page is only to be completed by the applicant where the applicant has completed educational training beyond high school, in a field applicable to distribution systems, and where the applicant requests this training be used as a substitution for part of the experience requirement and where the applicant is applying for a Distribution System Operator Class II, or III Examination. A minimum of 1 year of distribution operational experience is required.

Note the summary of the required experience and experience substitution requirements for applicants of the Distribution System Class II, and III Operator Examinations in the instructions

Earned college credits (grade C or better) and training courses in subject matters related to distribution systems may be equated to distribution system experience. Note the following equivalencies:

15 training hours is equivalent to 1 college credit hour
15 college credits is equivalent to 225 training hours (TCH) or
15 college credits is equivalent to ½ year of experience
450 training hours (2 semesters) is equivalent to 1 year of experience

List the educational training beyond high school (i.e. individual college courses, college degrees, certificates, training courses, etc.), in a field applicable to distribution systems, that the applicant request to be applied towards meeting the length of experience requirement for distribution system operator certification.

List any applicable training beyond high school completed by the applicant:

Dates	Training Provider/College	TCHs, CEUs, College Credit	Course Name, College Degree, Certificate or Training Course

For individual college or training course work, listed above, the applicant must include copies of transcripts or certificates (including course descriptions) along with this application. For earned college degrees a copy of the diploma or transcript, which documents the earned degree, must be submitted with the application.