

New York State Department of Environmental Conservation and New York Water Environment Association, Inc. Application for Approval of Qualifications for Wastewater Treatment Plant Operator 10/2024



# Mail application packet and \$195 exam application fee to: NYWEA, 525 Plum Street, Suite 102, Syracuse, NY 13204

# **Personal Information** - To be completed by applicant. Please **print clearly**.

| First Name and MI                    |    |            |    |        |          |      |          |          |        |        |              |      |   |  |  |
|--------------------------------------|----|------------|----|--------|----------|------|----------|----------|--------|--------|--------------|------|---|--|--|
| Last Name, Suffix (Jr, Sr, III, etc. | .) |            |    |        |          |      |          |          |        |        |              |      |   |  |  |
| Postal Address                       |    |            |    |        |          |      |          |          |        |        | $\mathbf{A}$ | pt # | ŧ |  |  |
| City                                 |    |            |    | S      | tate     |      |          | 2        | Zip    |        |              |      | - |  |  |
| DEC Region for WWTP Location         |    | County     |    |        |          | V    | Vork 1   | Phone    |        |        |              |      |   |  |  |
| Current SPDES                        |    | Grade Soug | ht | If cer | tified i | n NY | , list g | grade ar | id cei | rt nun | nber         | •    |   |  |  |
| E-Mail                               |    |            |    |        |          |      |          |          |        |        |              |      |   |  |  |
| Cell Phone                           |    |            |    |        |          |      |          |          |        |        |              |      |   |  |  |

## The table below is for NYWEA use only

| Certification | Grade      |       |     | Approv | al Let | ter Ser | nt | Appr | oval l | Letter | Date |        |           |      |  |  |
|---------------|------------|-------|-----|--------|--------|---------|----|------|--------|--------|------|--------|-----------|------|--|--|
| Assigned Id   | entificati | ion l | Num | ber    | Ν      | Y       | W  | W    |        |        |      |        |           |      |  |  |
| Reviewer      |            |       |     |        |        |         |    | Exam | Score  | •      |      | DD/M   | M/YY      |      |  |  |
| Signature     |            |       |     |        |        |         |    |      |        |        |      | Exam   | Date      |      |  |  |
| New Certifie  |            |       | er  |        |        | Status  |    | Fi   | irst   | Upg    | rade | Vacate | e Old Nur | nber |  |  |
| First Expirat | ion Date   |       |     |        |        |         |    |      |        |        |      |        |           |      |  |  |

# Wastewater Treatment Plant Operating Experience (list most recent first)

#### Please note:

- (1) Each **job title** at a facility must be listed **separately**. For example, if your title or position at one facility was "Maintenance Staff" and later "Operator Trainee" and later "Assistant Operator," then there would be three different entries for those positions on this form, even though work for all three titles took place at the same facility.
- (2) Use additional sheets as necessary.

| From   | То | Your Title or Position | Supervisor's Name and Title |                  |  |  |  |  |
|--|----|------------------------|-----------------------------|------------------|--|--|--|--|
|  |    |                        |                             |                  |  |  |  |  |
| Employer   |    |                        | Employer's Address          |                  |  |  |  |  |
| Facility Name  |    |                        | Facility Point Score        | Facility SPDES # |  |  |  |  |
| Facility Telephone Number   Secondary Treatment Process (i.e. Activated Sludge, Trickling Fill |    |                        |                             |                  |  |  |  |  |

| From  | То | Your Title or Position | Supervisor's Name and Title |                  |  |  |  |
|---|----|------------------------|-----------------------------|------------------|--|--|--|
| Employer  |    |                        | Employer's Address          |                  |  |  |  |
| Facility Name   |    |                        | Facility Point Score        | Facility SPDES # |  |  |  |
| Facility Telephone Number Secondary Treatment Process (i.e. Activated Sludge, Trickling Filter, etc.)   ( ) |    |                        |                             |                  |  |  |  |

| From                          | То     | Your Title or Position                 | Supervisor's Name and Title             |   |  |  |  |
|-------------------------------|--------|--|---|---|--|--|--|
|                               |        |  |   |   |  |  |  |
| Employer                      |        |  | Employer's Address                      |   |  |  |  |
| Facility Name                 |        |  | Facility Point Score   Facility SPDES # |   |  |  |  |
| Facility Telephon<br>Number ( | e<br>) | Secondary Treatment Process (i.e. Acti | vated Sludge, Trickling Filter, etc.)   | · |  |  |  |

| From                          | То     | Your Title or Position                 | Supervisor's Name and Title           |                  |  |  |  |  |
|-------------------------------|--------|--|---------------------------------------|------------------|--|--|--|--|
|                               |        |  |                                       |                  |  |  |  |  |
| Employer                      |        |  | Employer's Address                    |                  |  |  |  |  |
| Facility Name                 |        |  | Facility Point Score                  | Facility SPDES # |  |  |  |  |
| Facility Telephon<br>Number ( | e<br>) | Secondary Treatment Process (i.e. Acti | vated Sludge, Trickling Filter, etc.) | •                |  |  |  |  |

| From  | То | Your Title or Position | Supervisor's Name and Title             |   |  |  |  |
|---|----|------------------------|---|---|--|--|--|
|   |    |                        |   |   |  |  |  |
| Employer  |    |                        | Employer's Address                      |   |  |  |  |
| Facility Name   |    |                        | Facility Point Score   Facility SPDES # |   |  |  |  |
| Facility Telephone Secondary Treatment Process (i.e. Activated Sludge, Trickling Filter, etc.)   Number ( ) |    |                        |   | • |  |  |  |

| From                          | То     | Your Title or Position                 | Supervisor's Name and Title           |                  |  |  |  |  |
|-------------------------------|--------|--|---------------------------------------|------------------|--|--|--|--|
|                               |        |  |                                       |                  |  |  |  |  |
| Employer                      |        |  | Employer's Address                    |                  |  |  |  |  |
| Facility Name                 |        |  | Facility Point Score                  | Facility SPDES # |  |  |  |  |
| Facility Telephon<br>Number ( | e<br>) | Secondary Treatment Process (i.e. Acti | vated Sludge, Trickling Filter, etc.) |                  |  |  |  |  |

| From   | То | Your Title or Position | Supervisor's Name and Title             |  |  |  |  |
|--|----|------------------------|---|--|--|--|--|
|  |    |                        |   |  |  |  |  |
| Employer   |    |                        | Employer's Address                      |  |  |  |  |
| Facility Name  |    |                        | Facility Point Score   Facility SPDES # |  |  |  |  |
| Facility Telephone   Secondary Treatment Process (i.e. Activities of the secondary (i.e. Activities (i.e. Activities (i.e. Activities (i |    |                        | vated Sludge, Trickling Filter, etc.)   |  |  |  |  |

| From                          | То     | Your Title or Position                 | Supervisor's Name and Title             |  |  |  |  |
|-------------------------------|--------|--|---|--|--|--|--|
|                               |        |  |   |  |  |  |  |
| Employer                      |        |  | Employer's Address                      |  |  |  |  |
| Facility Name                 |        |  | Facility Point Score   Facility SPDES # |  |  |  |  |
| Facility Telephon<br>Number ( | e<br>) | Secondary Treatment Process (i.e. Acti | vated Sludge, Trickling Filter, etc.)   |  |  |  |  |

## **Education and Wastewater Training Courses**

|         | ATTACH Copy of Diploma, Transcript, or<br>Completion Notice |                 |     | lated? | Completion | Type of | Column for<br>DEC or<br>NYWEA |
|---------|---|-----------------|-----|--------|------------|---------|-------------------------------|
|         | Name of School  | School Location | Yes | No     | Date       | Degree  | Use Only                      |
| High S  | chool or GED  |                 |     |        |            |         |                               |
| College | e (highest degree)  |                 |     |        |            |         |                               |
| Basic C | Operations Course   |                 |     |        |            |         |                               |
| Labora  | tory Proficiency (or test)                                  |                 |     |        |            |         |                               |
| Activat | ed Sludge Course  |                 |     |        |            |         |                               |
|         | Combined Supervision & cal Operations Course                |                 |     |        |            |         |                               |
|         | Supervision Course; and                                     |                 |     |        |            |         |                               |
| Grade 3 | Technical Operations (1 day)                                |                 |     |        |            |         |                               |
| Grade 4 | Management Course   |                 |     |        |            |         |                               |

CERTIFICATION: I understand that Environmental Conservation Law (ECL) §17-3-0301(1)(bb),3-0301(2)(m) and 17-0303 and Section 650 of the Title 6 of the New York Code of Rules and Regulations (NYCRR) require that WWTPs be under the responsible supervision of an appropriately certified operator and that ECL § 71-1933 provides that any person who, having any of the culpable mental states defined at Section 15.05 of the New York Penal Law, willfully violates any provision of ECL Article 17 or any regulation promulgated thereto, any permits or any order of the Commissioner issued pursuant to ECL Article 17, is punishable as a misdemeanor.

Furthermore, I understand that, pursuant to ECL §71-1933(7) that any person who, with intent to deceive, makes any false material statement, representation or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to Title 7 or 8 of Article 17 of the ECL, shall be guilty of a Class E Felony.

I affirm, under penalty of perjury, that the information I have entered on this application and on all supplemental material (including any application supplements, operational logs, and other application-related material requested by DEC or NYWEA) is true to the best of my knowledge and belief.

Attesting to Education, Training, or Experience which the Applicant knows is false, can lead to civil and/or criminal action including, but not limited to, revocation of the Applicant's wastewater treatment plant operator's certificate.

| Applicant's Signature: | Date: |
|------------------------|-------|

Mail your completed Application and Statement of Experience documents, high school/college diploma or transcript or GED, copies of pre-certification course completion certificates/letters and \$195 exam application fee to: NYWEA, 525 Plum Street, Suite 102, Syracuse, NY 13204.