

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 Number (	e )	Secondary Treatment Process (i.e. Acti	vated Sludge, Trickling Filter, etc.)	·			

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Employer			Employer's Address					
Facility Name			Facility Point Score	Facility SPDES #				
Facility Telephon Number (	e )	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 Number (	e )	Secondary Treatment Process (i.e. Acti	vated Sludge, Trickling Filter, etc.)					

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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.)				

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Employer			Employer's Address				
Facility Name			Facility Point Score   Facility SPDES #				
Facility Telephon Number (	e )	Secondary Treatment Process (i.e. Acti	vated Sludge, Trickling Filter, etc.)				

## **Education and Wastewater Training Courses**

	ATTACH Copy of Diploma, Transcript, or Completion Notice			lated?	Completion	Type of	Column for DEC or 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.