



Greg Gianforte, Governor | Chris Dorrington, Director | P.O. Box 200901 | Helena, MT 59620-0901 | (406) 444-2544 | www.deq.mt.gov

## **WATER OPERATOR CERTIFICATION APPLICATION**

Welcome to the Montana Department of Environmental Quality Water and Wastewater Operator Certification Program! The following information has been gathered in order to assist you in completing an application. Should you have any questions, please contact our office at (406) 444-4584.

Section 17.38.249, Administrative Rules of Montana (ARM), provides that: “The owner of a community or nontransient non community public water supply or wastewater treatment system shall retain a certified operator, as defined in Title 37, chapter 42, MCA, to perform monitoring and reporting in accordance with the requirements of this subchapter. The certified operator must be in responsible charge of the public water supply or wastewater treatment system.”

### **OPERATOR CERTIFICATION APPLICATION CHECKLIST:**

- \_\_\_ 1. **Fill out the application COMPLETELY, sign and date it.** Full and detailed completion of this application is important in determining your qualifications to become a fully certified operator versus an operator-in training. Read and follow instructions provided in each section of the application. Apply to be certified for the class (1-4) and type (A-distribution; B-water treatment) of system described on the classification chart enclosed.
  
- \_\_\_ 2. **Send in the application with the appropriate application and examination fees** to the address at the top of the application. NOTE: The completed application and fees must be returned to the department at least 30 days before the date of the examination. Although complete applications are usually processed within a 48 hour period, please allow up to 2 weeks for processing. Make checks payable to: **DEQ WWOC** Application fees are \$70 for water and/or \$70 for wastewater. Examination fees are \$70 for each type of examination (water distribution, water treatment, and/or wastewater). Note that the very small ground water system (4AB) is combined in one examination and one exam fee. Examination fees are due for each type of exam you take. *The application is good for one year and fees are not refundable.*
  
- \_\_\_ 3. **Please be aware** that the study guide materials our office provides upon receipt of applications and fees are strictly supplemental materials and other documents and training should be utilized.
  
- \_\_\_ 4. **All applicants for every class must pass an examination** with a grade of 70 or above. Examinations are scheduled several times throughout the year for all classifications. Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices in Billings, Helena or Kalispell. To arrange, call the Operator Certification Program at (406) 444-4584.

The scheduled exams for all classifications are given each year following Water Schools. See examination notices for specific dates or contact the certification office at (406) 444-4584. Again, the deadline for our office to receive applications for any examination is thirty (30) days before the exam date.

- \_\_\_ 5. **To be fully certified, all operators must fulfill experience requirements**, working with the system described for that class and type. Once certified, operators will be required to earn Continuing Education Credits units **every two years, beginning and ending on the even numbered year.**

CLASS	EXPERIENCE NEEDED	FC CEC REQUIREMENTS	OT CEC REQUIREMENTS
Class 1	2.5 yrs	20 hours (2.0)	10 hours (1.0)
Class 2	2 yrs	10 hours (1.0)	5 hours (.50)
Class 3	1.5 yrs	10 hours (1.0)	5 hours (.50)
Class 4	1 year	10 hours (1.0)	5 hours (.50)
Class 5	NA	4 hours (.40)	2 hours (.20)

- **Report the number of months or years' experience** working with water and wastewater systems on the SYSTEM GENERAL EXPERIENCE RECORD section inside the application. Report where this experience was gained on the SYSTEM DETAILED EXPERIENCE RECORD section along with any other work experience you think might be applicable.
- **Describe the system you presently operate** where indicated at the end of the experience records.
- **Report post-secondary education on your application and include copies of transcripts.** Post-secondary education deemed applicable may satisfy up to one-half of any experience requirement if properly reported on the application. Applicants who pass their examinations before completing experience requirements are certified as operators-in-training until such time as the requirements are met and reported by the operator to our office on the Experience Voucher supplied with the Operator-In-Training Certificate.

- \_\_\_ 6. **All applicants are requested to provide a copy of their high school diploma, G.E.D. certificate, or competency assessment from DEQ.**

If you have any questions about the certification process or this application package, please contact a Water and Wastewater Operator Certification Technician at (406) 444-4584 or (406) 444-3434.

**Montana Operator Code of Ethics:**

"Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

## WATER CERTIFICATION CLASSES

CLASS TYPE	- 1 - FIRST CLASS	- 2 - SECOND CLASS	- 3 - THIRD CLASS	- 4 - FOURTH CLASS (VERY SMALL SYSTEMS)
<b>- A - WATER DISTRIBUTION SYSTEM OPERATOR</b>	Serving more than 15,000 people	Serving 1,501 – 15,000 people	Serving 500 – 1,500 people	Ground water supply serving fewer than 500 people, with or without disinfection
<b>- B - WATER TREATMENT SYSTEM OPERATOR</b>	Treatment for surface water utilizing chemical coagulation, filtration, and disinfection.	Treatment for surface water not utilizing chemical coagulation	Ground water supply serving at least 500 people, with or without disinfection	
<b>EXPERIENCE REQUIREMENT FOR FULLY CERTIFIED OPERATORS</b>	2.5 years	2 years	1.5 year	1 year

\*When an accurate population census is not available, the population served may be determined by multiplying the number of service connections by 2.5.

<b>EDUCATIONAL REQUIREMENT:</b>	High school graduation, G.E.D certificate, <b>or</b> approved Job Service Competency Assessment
<b>ANNUAL RENEWAL FEE PER INDIVIDUAL CERTIFIED (JULY 1 – JUNE 30) INVOICES ARE MAILED IN APRIL &amp; DUE BY JUNE 30 FOR UPCOMING YEAR</b>	Renewal fees are \$30 per one or both A and B certificates, and \$40 per one or all C, D and E certificates

### BEFORE YOU MAIL IN THAT APPLICATION, HAVE YOU:

1. Filled-in **YOUR** mailing address and phone numbers?
2. Filled-in the name, mailing address, and phone numbers of your **SYSTEM?**
3. Made sure to give your **EMPLOYER'S NAME**, (if public water or wastewater system) so we send the results to the right person?
4. Checked the box telling us **WHERE** you want your certification mail sent?
5. Marked which classification of exam you want to take? Is it the right classification for your type of system?
6. Filled-in **ALL** appropriate experience? **If it is not on the application, we cannot count it towards your full certification experience.**
7. Described the type of system and population you serve?
8. Have you **provided documentation of education?** The minimum requirement is a high school diploma, GED certificate or a competency assessment from DEQ.
9. Filled-in completely your **POST-SECONDARY EDUCATION** information and provided copies of your transcripts? Don't forget, it can count up to half of your experience requirement if you have appropriate post-secondary education.
10. **Marked whether you would like us to notify your employer of your exam results? We will send it automatically if your employer has paid for your fees.**
11. **IS YOUR APPLICATION SIGNED?** If you don't sign it, we send it right back!
12. Enclosed your application and exam fees? Application fees are **\$70 for water** and **\$70 for wastewater**, and examination fees are **\$70 for each type of examination** (water distribution, water treatment, and/or wastewater). Note that the very small ground water system (4AB) is combined in one examination and one exam fee. The application and fees are **good for one year from the date of the application.** An examination fee is required for each exam taken.



**Montana Application for Certification as an  
 OPERATOR of A WATER DISTRIBUTION SYSTEM or A WATER  
 TREATMENT SYSTEM**  
 (in accordance with Sections 37-42-101 through 37-42-322. MCA).

Rev/10/2015

**MAIL WITH CORRECT FEES TO:**

MT DEQ/WWOC  
 P.O. Box 200901  
 Helena, MT 59620-0901  
 Phone: (406) 444-4584

**Application Fee - \$70 (Good for one year)**

**Exam Fees per exam:**

1A - \$70	1B - \$70
2A - \$70	2B - \$70
3A - \$70	3B - \$70
<b>Very Small System</b>	
4AB - \$70	

Please leave blank - For office use only

**Operator Status:** **OPERATOR NUMBER**

Temporary \_\_\_\_\_ Date \_\_\_\_\_

In Training \_\_\_\_\_ Date \_\_\_\_\_

Fully Certified \_\_\_\_\_ Date \_\_\_\_\_

**Application Status:**

Water Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_

Water Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_

Reciprocity pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Date: \_\_\_\_\_

Study Materials Sent on: \_\_\_\_\_

**GENERAL INFORMATION:**

Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program.

NAME: \_\_\_\_\_  

Last
First
Middle
Birth Date

HOME ADDRESS: \_\_\_\_\_  

Street or P.O. Box
City
State
Zip
County

Home Phone
Cell Phone
Business Phone
Business Fax#
Business E-mail Address

WATER SYSTEM EMPLOYMENT: \_\_\_\_\_  

System Name
Your Supervisor's Name

Your Job Title
PWS #
System MAILING Address
City
ZIP
County

**MAIL INFORMATION TO:** \_\_\_\_\_ Home OR \_\_\_\_\_ Work

**VERIFICATION OF EDUCATION:** (Please indicate and provide a **copy** of one)  
 HIGH SCHOOL or COLLEGE DIPLOMA or TRANSCRIPTS     GED CERTIFICATE     DEQ ASSESSMENT

**TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:**

TYPE	CLASS				(Please leave blank - For office use only - Exam #)
	1	2	3	4	
A = Water Distribution System Operator	[ ]	[ ]	[ ]	[ ]	
B = Water Treatment Plant Operator	[ ]	[ ]	[ ]	[ ]	

Applications, fees, **verification of education** and examination notices **MUST** be submitted at least **30 days** before the examination.

**IMPORTANT:** *The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.*

**SYSTEM GENERAL EXPERIENCE RECORD:**

<p><b>What year did you enter work in a WATER DISTRIBUTION (WD) SYSTEM?</b></p> <p><b>Enter number of <u>years</u> Water Distribution experience in:</b></p> <p>1. Operation and maintenance: _____</p> <p>_____</p> <p>2. Maintenance: _____</p> <p>_____</p> <p>3. Other (describe): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>What year did you enter work in a WATER TREATMENT (WT) SYSTEM?</b></p> <p><b>Enter number of <u>years</u> Water Treatment experience in:</b></p> <p>1. Groundwater source: _____</p> <p>2. Surface water source: _____</p> <p>3. Chlorination: _____</p> <p>4. Fluoridation: _____</p> <p>5. Stabilization: _____</p> <p>6. Iron or manganese removal: _____</p> <p>7. Lime, lime/soda softening: _____</p> <p>8. Coagulation &amp; sedimentation: _____</p> <p>9. Filtration: _____</p> <p>10. Other (describe): _____</p> <p>_____</p> <p>_____</p>
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**SYSTEM DETAILED EXPERIENCE RECORD:** Please list below your **water distribution and water treatment** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

<p>System Name: _____</p> <p>Owner Name: _____</p> <p>PWS # _____</p> <p>Address: _____</p> <p>City _____ State: _____ Zip: _____</p> <p>Phone # _____</p> <p> </p> <p>Job Title (Check one)</p> <p>____ Superintendent      ____ Chief Chemist</p> <p>____ Asst. Supt.          ____ Lab Tech.</p> <p>____ Shift Spvr.          ____ Mechanic</p> <p>____ Operator             ____ Electrician</p> <p>Other: _____</p>	<p><u>EMPLOYMENT DATES</u></p> <p>From    To</p> <p>_____/_____/____                              ____/_____/____</p> <p>Month and Year                              Month and Year</p> <p> </p> <p>Total _____ employed</p> <p>                    Years and Months</p> <p> </p> <p>Hours per week _____</p> <p>____ Full time                              ____ Part Time</p>	<p><u>DETAILED DESCRIPTION OF DUTIES</u></p> <p>(If work was of a supervisory nature, give number supervised)</p> <p> </p> <p>Specific Duties: _____</p> <p>_____</p> <p>_____</p> <p> </p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>_____</p>
<p>System Name: _____</p> <p>Owner Name: _____</p> <p>PWS # _____</p> <p>Address: _____</p> <p>City _____ State: _____ Zip: _____</p> <p>Phone # _____</p> <p> </p> <p>Job Title (Check one)</p> <p>____ Superintendent      ____ Chief Chemist</p> <p>____ Asst. Supt.          ____ Lab Tech.</p> <p>____ Shift Spvr.          ____ Mechanic</p> <p>____ Operator             ____ Electrician</p> <p>Other: _____</p>	<p><u>EMPLOYMENT DATES</u></p> <p>From    To</p> <p>_____/_____/____                              ____/_____/____</p> <p>Month and Year                              Month and Year</p> <p> </p> <p>Total _____ employed</p> <p>                    Years and Months</p> <p> </p> <p>Hours per week _____</p> <p>____ Full time                              ____ Part Time</p>	<p><u>DETAILED DESCRIPTION OF DUTIES</u></p> <p>(If work was of a supervisory nature, give number supervised)</p> <p> </p> <p>Specific Duties: _____</p> <p>_____</p> <p>_____</p> <p> </p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>_____</p>

System Name: _____ Owner Name: _____ PWS # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<p style="text-align: center;"><u>EMPLOYMENT DATES</u></p> From _____ To _____ Month and Year    Month and Year  Total _____ employed Years and Months  Hours per week _____  <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<p style="text-align: center;"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised)  Specific Duties: _____ _____ _____  Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ PWS # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<p style="text-align: center;"><u>EMPLOYMENT DATES</u></p> From _____ To _____ Month and Year    Month and Year  Total _____ employed Years and Months  Hours per week _____  <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<p style="text-align: center;"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised)  Specific Duties: _____ _____ _____  Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ PWS # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<p style="text-align: center;"><u>EMPLOYMENT DATES</u></p> From _____ To _____ Month and Year    Month and Year  Total _____ employed Years and Months  Hours per week _____  <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<p style="text-align: center;"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised)  Specific Duties: _____ _____ _____  Reason for Leaving: _____ _____ _____

**PLEASE DESCRIBE THE SYSTEM PRESENTLY OPERATED:** *(type of system, treatment, and population served - be specific):*

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**EDUCATIONAL REQUIREMENT:** *In order to apply to become a certified operator in Montana, an applicant must provide documentation of education. The minimum requirement is a high school diploma, GED certificate or certificate of competency through the Job Service. Please include copies with your application.*

*Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed and a copy of transcripts is provided with this application.***

**HIGH SCHOOL DIPLOMA** \_\_\_\_\_  
Name and Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

**or G.E.D CERTIFICATE** \_\_\_\_\_  
State Where Issued \_\_\_\_\_ Date of Issue \_\_\_\_\_

**or DEQ ASSESSMENT** \_\_\_\_\_  
(DEQ employee's initials) \_\_\_\_\_ (Date of Approval) \_\_\_\_\_

**COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location \_\_\_\_\_ Major and Minor Curricula \_\_\_\_\_

\_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_\_\_ Quarters or Semesters Completed \_\_\_\_\_

**OTHER COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location \_\_\_\_\_ Major and Minor Curricula \_\_\_\_\_

\_\_\_\_\_ Degree earned \_\_\_\_\_ Date \_\_\_\_\_ Quarters or Semesters Completed \_\_\_\_\_

**EMPLOYER NOTIFICATION** *(Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):*

\_\_\_\_\_ Please notify my present employer of the results of my examination(s).

\_\_\_\_\_ DO NOT notify my present employer of the results of my examination(s).

**CERTIFICATE OF APPLICANT:** *(**Important** - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned. )*

**I agree to uphold the Montana Operator Code of Ethics which reads:** "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

**I swear under penalty of perjury that all information provided in this application submitted for certification is true.** I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Applicant's signature)