



## Application for Water and Wastewater Class IV Certification

### 1. Biographical Information

Core Person ID or your SS# \_\_\_\_\_  
(Core Person ID is the middle seven digits of your certification number)

Print Name: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Home Phone) (Business Phone)

\_\_\_\_\_  
(County) E-Mail

### 2. Certification Being Applied for:

**Fee: \$145 (Non-refundable)**

Check Only One

Water Treatment  IV

Wastewater Treatment  IV

All statements in this application are made under oath and are subject to investigation by Ohio EPA. All checks and money orders must be made payable to Treasurer, State of Ohio. All fees are non-refundable. **All applications shall be typed or printed legibly in ink and mailed to Ohio EPA, Office of Fiscal Administration, P.O. Box 1049, Columbus, Ohio 43216-1049.** Failure to complete all sections may cause this application to be disapproved. Applicant's qualifications will be determined from this application.

### 3. Valid Ohio Certificates You Currently Hold

Check Correct Classes

Water Supply  I  II  III  IV

Water Distribution  I  II

Wastewater Treatment  I  II  III  IV

Wastewater Collection  I  II

Date Class III Obtained \_\_\_\_\_

### 4. Oath

**THIS APPLICATION WILL NOT BE ACCEPTED IF OATH IS OMITTED**

I, the undersigned, do solemnly swear that I am the applicant; that all statements made and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and that I understand any omissions or misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted. I also consent to a thorough investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.

By signing this document, I acknowledge the following: I have read and understand the responsibilities of an operator of record and a certified operator as described in Chapter 3745-7 of the Ohio Administrative Code. I will be honest and accurate in my interactions with Ohio EPA and will take actions in the interest of public health and the environment. Failure to adhere to these responsibilities may result in disciplinary action up to and including revocation of any certificate(s) I may hold.

Signature of Applicant: \_\_\_\_\_

**Note:** A copy of your position description, as well as an official table of organization with individual names and job titles must be submitted with this application. The table of organization must identify the operator of record and must be signed by your immediate supervisor.

### 5. Background (This section must be completed or application will be rejected.)

Have you ever been convicted of, or plead guilty to, a criminal charge of falsification, fraud or terrorism?  Yes  No

Have you ever had any Ohio operator certifications revoked or do you have a certification under suspension?  Yes  No

Have you had a certificate revoked or currently suspended in any other state?  Yes  No

### 6. Supervisor Information (print)

Current Supervisor: \_\_\_\_\_

Certification No.: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that the statements on this application are true to the best of my knowledge and belief based on my supervision of the applicant.

Supervisor  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR AGENCY USE ONLY** Postmark Date: \_\_\_\_\_

Check No. \_\_\_\_\_ Check I.D. \_\_\_\_\_

Check Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Needed \_\_\_\_\_ Accepted \_\_\_\_\_

Rejected \_\_\_\_\_

Total \_\_\_\_\_ Exam Rev. ID \_\_\_\_\_

**Basic Duties and Responsibilities**

Name: \_\_\_\_\_

- List employment in detail. Make sure to include specific information regarding how you meet the definition of management experience in OAC Rule 3745-7-01. The management experience should have occurred at a Class III or IV facility while you held your Class III certificate.
- Failure to thoroughly describe water or wastewater duties may be reason for disapproval.

Employment Dates		Your Title	Name and Title of Your Immediate Supervisor	Name and Title of the Operator in Responsible Charge
From Month/Day/Year	To Month/Day/Year			
Plant Classification	Employer Name		Employer Address	
Duties				
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