



## Operator-in-Training (OIT) Documentation Form

### 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. Which exam did you take?

Check Correct Exam

Water Supply  A  I  II  III  
Water Distribution  I  II  
Wastewater Treatment  A  I  II  III  
Wastewater Collection  I  II

Date of Exam \_\_\_\_\_

### 3. Education

If you have received college credit meeting the requirements of OAC Rule 3745-7-06, attach a copy of your transcript or degree which declares your major.

### 4. Training

A list of training courses which can be substituted for experience credit at the class II and II level can be found on the Operator Certification web site:

[http://epa.ohio.gov/portals/28/documents/opcert/courses\\_substituted\\_for\\_experience.pdf](http://epa.ohio.gov/portals/28/documents/opcert/courses_substituted_for_experience.pdf)

Training will **NOT** be substituted for months of experience unless the course completion certificate is attached.

### 5. Background

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. Valid Ohio Certificates You Currently Hold

Check Correct Classes

Water Supply  LA  A  I  II  III  IV  
Water Distribution  I  II  
Wastewater Treatment  LWA  A  I  II  III  IV  
Wastewater Collection  I  II

### 7. Oath

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

I, the undersigned, do solemnly affirm 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.

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

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

### 8. 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: \_\_\_\_\_

Return this completed form to:  
Ohio EPA, Certification Unit, P.O. Box 1049, Columbus, Ohio 43216-1049

**Basic Duties and Responsibilities**

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

- Describe in detail **ONLY** the work which applies to either water or wastewater experience. Actual operating wastewater experience includes treatment and collection. Actual operating water experience includes treatment and distribution as a public water system.
- Please list changes in employment (e.g., job title, % of time, duties, etc.) as separate employment events to ensure a more accurate evaluation of your qualifications.
- Failure to thoroughly describe water or wastewater duties may be reason for disapproval.

Current Employment Dates		Experience Time*	% Time on Wastewater Duties	% Time on Water Duties
From Month/Day/Year	To Month/Day/Year			
Your Title	Employer Name		Employer Address	
	Public Water System ID# (if applicable)			
Detailed duties (required)				
Prior Employment Dates		Experience Time*	% Time on Wastewater Duties	% Time on Water Duties
From Month/Day/Year	To Month/Day/Year			
Your Title	Employer Name		Employer Address	
	Public Water System ID# (if applicable)			
Detailed duties (required)				

\*If you are a full-time employee, record time in months. If you are a part-time, seasonal or temporary employee, record your experience time in hours.

If you attach additional sheets, they **MUST** be signed and dated by you and your supervisor.