

Application for Water and Wastewater Class IV Certification

1. Biographical Information

Social Security Number: _____ - _____ - _____

Print Name: _____
(Last) (First) (I)

Mailing Address: _____
(Number) (Street)

(City) (State) (Zip)

(_____) _____ (_____) _____
(Home Phone) (Business Phone)

2. Certification Being Applied for

Application Fee: \$45.00 (Non-refundable)

Circle 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.

<i>FOR AGENCY USE ONLY</i>	
Check No. _____	Check I.D. _____
Check Date _____	Revenue I.D. _____
Date Received _____	Amount \$ _____
Needed _____	Accepted _____
Rejected _____	
Total _____	

3. Valid Ohio Certificates You Currently Hold

Circle Correct Class

Water Treatment	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
Water Distribution	<input type="checkbox"/> I	<input type="checkbox"/> II		
Wastewater Treatment	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
Wastewater Collection	<input type="checkbox"/> I	<input type="checkbox"/> 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.

Signature of Applicant: _____

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. 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.

Signature: _____

Date: _____

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 responsible charge operator and must be signed by your immediate supervisor.

All drinking water related applications must include a completed Disclosure of Material Assistance (DMA) form. Forms may be obtained on the operator certification website listed above or by calling 1-866-411-OPCT (6728). Failure to submit a completed DMA shall result in denial of the application.

Basic Duties and Responsibilities

- List employment in detail. Make sure to include specific information regarding your experience in a management position at a class III or IV facility.
- **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	To			
Plant Classification	Employer Name		Employer Address	
Duties				
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From	To			
Plant Classification	Employer Name		Employer Address	
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