PUBLIC WATER SUPPLY APPLICATION FOR WATER TREATMENT PLANT AND WATER DISTRIBUTION SYSTEM OPERATOR CERTIFICATION

State Form 12094 (R11 / 6-26)
Approved by State Board of Accounts, 2026
327 IAC 8-12-1
IDEM DRINKING WATER BRANCH

FOR OFFICE USE
Application number
Receipt number
Approved
Denied / Reason

NOTE: *A $30 fee must be submitted for each grade of certification exam requested. Applications must be signed by the individual, and his/her supervisor. Failure to file a properly completed application may result in the application being denied. (THE APPLICATION FEE IS NONREFUNDABLE.)*

This is an application for Grade: ***(Check one - One application per grade checked.)***

Water Distribution System Operator	☐ DSS	☐ DSM	☐ DSL	☐ O.I.T			
Water Treatment Plant Operator	☐ WT1	☐ WT2	☐ WT3	☐ WT4	☐ WT5	☐ WT6	☐ O.I.T

☐ By examination ☐ By reciprocity

PWS ID Number:
PLEASE CHECK EXAM LOCATION.

☐ Computer Based Testing at Ivy Tech
($45 Testing Site Fee per Exam Payable to Ivy Tech)
☐ Pencil and Paper (Circle May or November) - location to be determined - no additional testing fee.
Applications must be postmarked 45 days prior to exam date in order to be eligible for review.

PART I: GENERAL INFORMATION *(PLEASE TYPE OR PRINT LEGIBLY.)*

1. Name of applicant *(last)* *(first)* *(middle)*
☐ Mr. ☐ Mrs. ☐ Ms.

2. Mailing address *(number and street)* ☐ *Check box if address has changed*

City	State	ZIP code	County

3. Office telephone number	E-mail address	**4.** Mobile telephone number

5. Have you ever applied for Water Works certification in Indiana before? (Is this exam a repeat/retake?)
☐ Yes* ☐ No *If yes, date *(mm/dd/yyyy)*:

6. Are you presently a certified water works operator in Indiana?
☐ Yes* ☐ No *If yes, give certification number and classification:

7. Are you presently a certified water works operator in another state?
☐ Yes* ☐ No *If yes, give certification number and classification. *(Attach a copy of certificate.)*

8. Have you ever had a certification suspended or revoked?
☐ Yes ☐ No *If yes, provide detailed explanation:

PART II: EDUCATION AND TRAINING *(APPLICANTS MUST HAVE A HIGH SCHOOL DIPLOMA OR GED.)*

9. Check the highest grade completed.

High School: ☐ 9 ☐ 10 ☐ 11 ☐ 12	College *(years)*: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ More than 6 years	
10. High School Graduate? ☐ Yes ☐ No ☐ GED	Date of graduation *(mm/dd/yyyy)*	Name and location of High School
11. College Graduate? ☐ Yes ☐ No	Degree	Major
Date granted *(mm/dd/yyyy)*[1]	Name and location of college	

(Continued on page 2.)

[1] Proof of college education must be submitted when used as a substitution for experience.

PART II: EDUCATION AND TRAINING *(CONTINUED)*

12. Training courses, short courses, or other courses attended applicable to water industry:

a. Name of course:

Name of school	Dates *(mm/dd/yyyy)*	College units or class hours

b. Name of course:

Name of school	Dates *(mm/dd/yyyy)*	College units or class hours

PART III: EXPERIENCE HISTORY *(CURRENT/PREVIOUS EMPLOYERS)*

► *List your current assignment first. Show all experience in the Drinking Water field. Attach additional sheets, if necessary.*

DATE *(Month and Year)*		**POSITION TITLE AND JOB DUTIES**	**EMPLOYER NAME / ADDRESS**
FROM	**TO**	Position title	Name of current employer
Specific duties performed in day-to-day drinking water operations:			Address *(number and street)*
			City, state, and ZIP code
FROM	**TO**	Position title	Name of previous employer
Specific duties performed in day-to-day drinking water operations:			Address *(number and street)*
			City, state, and ZIP code
FROM	**TO**	Position title	Name of previous employer
Specific duties performed in day-to-day drinking water operations:			Address *(number and street)*
			City, state, and ZIP code
FROM	**TO**	Position title	Name of previous employer
Specific duties performed in day-to-day drinking water operations:			Address *(number and street)*
			City, state, and ZIP code

(Continued on page 3.)

PART IV: TO BE COMPLETED BY CERTIFIED OPERATOR

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in this section are true, accurate, and complete.

I have supervised this individual for _____ years.

Printed Name of Certified Operator under whose supervision experience obtained	Certification Number(s):
Signature of Certified Operator	

Signature of applicant's supervisor *(if different than above)*	Printed name of applicant's supervisor *(if different than above)*
Name of organization/utility/system	Telephone number *(include area code)*

Address *(number and street)*		
City	State	ZIP code

PART V: SIGNATURE OF APPLICANT

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in this application are true, accurate, and complete. I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for, or revocation of any certificate granted. I also consent to verification of my qualifications for the certificate for which I have applied.

Signature of applicant

Date *(mm/dd/yyyy)*

The completed application, along with all required fees and attachments should be mailed to:

Indiana Department of Environmental Management
Drinking Water Branch, MC 66-34
100 North Senate Avenue
Indianapolis, IN 46204-2251

Please make all checks payable to the Indiana Department of Environmental Management.
(3240-4114-00-140000)

For questions, please call IDEM Drinking Water Branch at (317) 234-7430.

DO NOT SEND CASH.