



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

State Form 12094 (R10 / 7-20)
327 IAC 8-12-1

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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	<input type="checkbox"/> DSS	<input type="checkbox"/> DSM	<input type="checkbox"/> DSL	<input type="checkbox"/> O.I.T			
Water Treatment Plant Operator	<input type="checkbox"/> WT1	<input type="checkbox"/> WT2	<input type="checkbox"/> WT3	<input type="checkbox"/> WT4	<input type="checkbox"/> WT5	<input type="checkbox"/> WT6	<input type="checkbox"/> O.I.T
<input type="checkbox"/> By examination <input type="checkbox"/> By reciprocity							
PWS ID Number: PLEASE CHECK EXAM LOCATION.							
<input type="checkbox"/> Computer Based Testing at Ivy Tech (\$40 Testing Site Fee per Exam Payable to Ivy Tech) Pencil and paper at Indiana Government Center (Offered annually in November – 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) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.							
2. Mailing address (number and street)							
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?) <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, date (mm/dd/yyyy):							
6. Are you presently a certified water works operator in Indiana? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, give certification number and classification:							
7. Are you presently a certified water works operator in another state? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, give certification number and classification. (Attach a copy of certificate.)							
8. Have you ever had a certification suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				College (years): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> More than 6 years			
10. High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			Date of graduation (mm/dd/yyyy)		Name and location of High School		
11. College Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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b. Name of course:

Name of school	Dates (mm/dd/yyyy)	College units or class hours
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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
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FROM	TO	Position title	Name of current employer
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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
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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
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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
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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	

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Signature of applicant's supervisor <i>(if different than above)</i>	Printed name of applicant's supervisor <i>(if different than above)</i>
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Name of organization/utility/system	Telephone number <i>(include area code)</i>
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Address <i>(number and street)</i>		
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City	State	ZIP code
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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)

DO NOT SEND CASH.