



# APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION EXAMINATION

State Form 47289 (R9 / 2-21)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Pursuant to 327 IAC 5-22

## FOR OFFICE USE

Classification

Status

Remarks

**NOTE: A \$30.00 FEE MUST BE SUBMITTED FOR EACH CERTIFICATION EXAMINATION APPLICATION. FAILURE TO FILE A PROPERLY COMPLETED APPLICATION MAY RESULT IN THE APPLICATION BEING DENIED. (APPLICATION FEE IS NONREFUNDABLE.)**

1. This is an application for: ( <i>check one</i> )	<input type="checkbox"/> Wastewater Apprentice	<input type="checkbox"/> Certified Operator
2. Classification requested: ( <i>check one</i> )	Industrial: <input type="checkbox"/> A-SO <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Municipal: <input type="checkbox"/> I-SP <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
3. If you are applying for Certified Operator, would you accept a lower operator classification if you do not currently meet the education and experience requirements for your first choice? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Participating IVY Tech locations offer exams any standard business day. They will charge an additional \$40 fee <b>payable to Ivy Tech</b> for administering the test. This is a computerized exam only.		

### I. GENERAL INFORMATION FOR ALL APPLICANTS (*Please type or print legibly.*)

A. Name of applicant ( <i>last, first, middle</i> )			
<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
B. Mailing address ( <i>number and street</i> )			
City	State	ZIP code	County
Office telephone number ( )		Home telephone number ( )	
Fax number ( )		E-mail address	
C. Date of birth ( <i>month/day/year</i> )		D. Have you ever applied for wastewater certification in Indiana before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are you presently a certified operator in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certification number	Date of expiration ( <i>month/day/year</i> )

### II. EDUCATION AND TRAINING – *Must be completed for certification applicants, optional for apprentice applicants.*

**List below all high schools and post high schools attended.**

	Name / Location of School	From ( <i>month/year</i> )	To ( <i>month/year</i> )	Diploma (GED) or Type of Degree	Date of Graduation ( <i>month/day/year</i> )
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No					
College Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other:					

If you are applying for Class IV / Class D certification, original transcripts must be enclosed. For the consideration of using college education to substitute for work experience, original college transcripts must be enclosed.

If you would like to have your original transcripts returned, please check the box and enclose a self-addressed, stamped envelope. ☐

### Specialized Training or Classes Relevant to Certification

Title of Specialized Training or Class	Company / School Attended	Dates Attended ( <i>month/day/year</i> )	Credits or Contact Hours <sup>1</sup> earned

**Copies of credit report forms or proof of attendance must be enclosed.**

<sup>1</sup> "Contact Hour" means a fifty (50) to sixty (60) minute instructional session, approved by the Commissioner and involving a qualified instructor or lecturer. Ten (10) contact hours equals one (1) continuing education unit (CEU).

**III. OPERATIONAL EXPERIENCE HISTORY – Must be completed for certification applicants, optional for apprentice applicants.**

List your current assignment first. Show all *acceptable experience* in wastewater treatment plants. "Acceptable experience" means employment in the actual hands-on operation, maintenance, management, or supervision of a wastewater treatment plant. Acceptable experience shall be obtained under the supervision of a certified operator or by otherwise demonstrating that your experience meets the requirements.

Date		Position Information			
From:	To:				
mm/yy	mm/yy	Title of position	Name of facility	Class of facility	Location (City and State) of Facility
Hours Per Week in Wastewater Treatment		Certified Operator in Responsible Charge / Facility	Type of Treatment / Average Flow	NPDES Permit Number	
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			
mm/yy	mm/yy	Title of position	Name of facility	Class of facility	Location (City and State) of Facility
Hours Per Week in Wastewater Treatment		Certified Operator in Responsible Charge / Facility	Type of Treatment / Average Flow	NPDES Permit Number	
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			
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Hours Per Week in Wastewater Treatment		Certified Operator in Responsible Charge / Facility	Type of Treatment / Average Flow	NPDES Permit Number	
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			

#### IV. RESPONSIBLE CHARGE EXPERIENCE

*Must be completed by Class III, IV, C, and D certification applicants; optional for other classes.*

List specific duties for positions of responsible charge. "Responsible charge" means the certified operator who makes process control or system integrity decisions about the overall daily operation, maintenance, management, or supervision of a wastewater treatment plant necessary to meet the performance requirement and limits of the assigned permit and any applicable local ordinance or other regulatory requirements. In Class III, IV, C, or D plants, the individual supervising and responsible for a major section of the plant or an operating shift may be credited with responsible charge experience. Additional sheets may be attached, as necessary.

Date		Position Information			
From:	To:				
mm/yy	mm/yy	Title of position	Name of facility	Class of facility	Location (City and State) of Facility
		Certified Operator in Responsible Charge / Facility		Type of Treatment / Average Flow	NPDES Permit Number
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			
		Title of position	Name of facility	Class of facility	Location (City and State) of Facility
		Certified Operator in Responsible Charge / Facility		Type of Treatment / Average Flow	NPDES Permit Number
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			
		Title of position	Name of facility	Class of facility	Location (City and State) of Facility
		Certified Operator in Responsible Charge / Facility		Type of Treatment / Average Flow	NPDES Permit Number
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			
		Title of position	Name of facility	Class of facility	Location (City and State) of Facility
		Certified Operator in Responsible Charge / Facility		Type of Treatment / Average Flow	NPDES Permit Number
		Daily Job Duties ( <i>Be specific; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.</i> )			

**V. SIGNATURE OF APPLICANT (Required)**

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 consent to IDEM's verification of qualifications listed in this application and understand that any omissions or misrepresentations may result in ineligibility for the certification examination or the reversal or modification of decisions made regarding this application.

Signature of Applicant

Date (month/day/ year)

**VI. SIGNATURE OF APPLICANT'S SUPERVISOR (Required for certification applicants, optional for apprentice.)**

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 Sections II, III, and IV of this application are true, accurate, and complete to the best of my knowledge and that I have supervised the applicant for \_\_\_\_ years.

Signature of Supervisor

Date (month/day/year)

Printed Name of Supervisor

Title

Wastewater certificate number, if applicable

Name of Organization

Address (number and street, city, state, and ZIP code)

Telephone number

( )

Fax Number

( )

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

Accounts Receivable

Indiana Department of Environmental Management

100 N. Senate Ave., Room 1340

Indianapolis, IN 46204-2251

**Please make all checks payable to the Indiana Department of Environmental Management.**

**DO NOT SEND CASH.**