



**APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR
CERTIFICATION BY RECIPROCITY**

State Form 47290 (R8/ 5-24)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Pursuant to 327 IAC 5-23-18

FOR OFFICE USE	
Classification	
Status	
Remarks:	

NOTE: A \$30.00 FEE MUST BE SUBMITTED WITH EACH APPLICATION FOR CERTIFICATION. 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. (APPLICATION FEE IS NONREFUNDABLE.) PLEASE SUBMIT A COPY OF YOUR CURRENT CERTIFICATION ALONG WITH THIS APPLICATION.

This is an application for a Class: <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
Would you accept a lower classification if not eligible for Class checked above?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

I. GENERAL INFORMATION *(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.			
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. In which state are you presently a certified operator?		Certification number	Expiration date <i>(month, day, year)</i>
Did you obtain this certification by a written exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		State contact person	Contact e-mail address
Mailing address <i>(number and street)</i>	City	State	ZIP code

II. EDUCATION AND TRAINING

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 and Date of Graduation <i>(month, day, year)</i>
High Sch. Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:				

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 ¹ earned

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

¹ "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

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 that is obtained under the supervision of a certified operator and demonstrates that your experience meets the requirements described in the rule.

Date (mm/yy on all dates)		Position Information			
From:	To:	Position title	Name of facility	Class of facility	Location (city and state) of facility
Hours per week		Certified Operator in responsible charge of facility	Type of treatment/average flow	NPDES permit number	
		Daily Job Duties (<u>Be specific</u> ; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.)			
Hours per week		Certified Operator in responsible charge of facility	Type of treatment / average flow	NPDES permit number	
		Daily Job Duties (<u>Be specific</u> ; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.)			
Hours per week		Certified Operator in responsible charge of facility	Type of treatment / average flow	NPDES permit number	
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IV. RESPONSIBLE CHARGE EXPERIENCE

(Must be completed by Class III, IV, C, and D 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.

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Daily Job Duties (<u>Be specific</u> ; include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator.)					

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 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)
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VI. SIGNATURE OF APPLICANT'S SUPERVISOR

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)
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Printed name of supervisor	Title	Wastewater Certification number, if applicable
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Name of organization

Address (number and street, city, state, and ZIP code)
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Telephone number ()	Supervisor's email address
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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.