



**APPLICATION for WASTEWATER TREATMENT PLANT
APPRENTICE to REQUEST CERTIFICATION**

State Form 53785 (R / 2-15)
Approved by State Board of Accounts, 2008
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 WITH EACH CERTIFICATION APPLICATION. FAILURE TO FILE A PROPERLY COMPLETED APPLICATION MAY RESULT IN THE APPLICATION BEING DISAPPROVED. (APPLICATION FEE IS NONREFUNDABLE.)

Apprentice Card Number:	Expiration date (month, day, year):
Certification requested: (check one)	Municipal: <input type="checkbox"/> I-SP <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Industrial: <input type="checkbox"/> A-SO <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

I. GENERAL INFORMATION FOR ALL APPLICANTS (please type or print legibly)

A. Name of applicant (last, first, middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
B. Mailing Address (number and street):			
City:	State:	ZIP code:	County:
Office telephone number: ()	Home telephone number: ()	Fax number: ()	
C. Date of birth (month, day, year):		E-mail address:	
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: Expiration Date:	
F. Have you ever been the subject of a wastewater license suspension or revocation proceeding or investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		G. If yes, list the date and the result of the investigation or proceeding. Attach additional sheets if necessary.	

II. EDUCATION AND TRAINING-Must be completed for certification applicants.

List below all high schools and post high schools attended.

	Name/Location of School	From (Month/Year)	To (Month/Year)	Diploma (GED) or Type of Degree and Date of Graduation
High Sch. Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College Grad? <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.

Continuing Education completed which is relevant to Certification:

Title of Specialized Training or Class	Company/School Attended	Dates Attended (month, day,	Credits or Contact Hours ¹ earned:

Copies of credit report forms (and in the case of on-line courses, certificates of completion) 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-Must be completed for certification 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 (Month/Year)		Position Information			
From:	To:	Position Title	Name of Facility	Class of Facility	Location (City & State) of Facility
Hours Per Week		Cert.Op.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>)			
Hours Per Week		Cert.Op.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>)			
Hours Per Week		Cert.Op.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>)			
Hours Per Week		Cert.Op.in Responsible Charge/Facility	Type of Treatment/Average Flow	NPDES Permit Number	
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		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>)			
Hours Per Week		Cert.Op.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 (Month/Year)		Position Information			
From:	To:	Position Title	Name of Facility	Class of Facility	Location (City & State) of Facility
		Cert.Op.in Responsible Charge/Facility	Type of Treatment/Average Flow	NPDES Permit Number	
		Daily Job Duties (<i>be specific</i> , include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)			
		Cert.Op.in Responsible Charge/Facility	Type of Treatment/Average Flow	NPDES Permit Number	
		Daily Job Duties (<i>be specific</i> , include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)			
		Cert.Op.in Responsible Charge/Facility	Type of Treatment/Average Flow	NPDES Permit Number	
		Daily Job Duties (<i>be specific</i> , include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)			
		Cert.Op.in Responsible Charge/Facility	Type of Treatment/Average Flow	NPDES Permit Number	
		Daily Job Duties (<i>be specific</i> , include what percentage of your time is/was spent in hands-on operation at a WWTP under the supervision of a certified operator)			
		Cert.Op.in Responsible Charge/Facility	Type of Treatment/Average Flow	NPDES Permit Number	
		Daily Job Duties (<i>be specific</i> , 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 (Required)

I, the undersigned, certify that I am the above applicant; that all statements made and information regarding education, training, acceptable experience and responsible charge experience are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for, revocation of any certification granted or voiding a decision made regarding my application. I also consent to verification of my qualifications for the certificate for which I have applied.

Signature of Applicant	Date (month, day, year)
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VI. SIGNATURE OF APPLICANT'S SUPERVISOR (Required for certification applicants)

I, the undersigned, hereby certify the information contained in Sections II, III, and IV of this application is true and correct to the best of my knowledge.

I have supervised this individual for _____ years.

Signature of Supervisor	Date (month, day, year)
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Printed Name of Supervisor	Title	Wastewater Cert. Number, if applicable
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Name of Organization

Address (number and street name, city, state, ZIP code)
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Telephone number:	Fax Number:
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The completed application, along with all required fees and attachments should be mailed to:

Wastewater Certification
Indiana Department of Environmental Management
Office of Water Quality - MC 65-42
100 N. Senate Ave. Room 1255
Indianapolis, IN 46204-2251

**Please make all checks payable to the Indiana Department of Environmental Management.
DO NOT SEND CASH.**