



**Application for Operator Certification**  
**Class I to IV Facility**  
 Pursuant to subsection 8(1) of the *Water Act*  
 Water Supply System and Wastewater Treatment System Regulations

Personal information on this form is collected under subsection 8(1) of the *Water Act*, Water Supply System and Wastewater Treatment System Regulations, as it relates directly to and is necessary for operator certification. If you have any questions about this collection of personal information, you may contact the Approvals and Compliance Engineer, 11 Kent Street, PO Box 2000, Charlottetown, PE C1A 7N8 (902 368-5036).

Name: \_\_\_\_\_

Present Employer: \_\_\_\_\_

City: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Address: \_\_\_\_\_

Community: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If you would like to receive correspondence from the Department through email or an address other than the facility address, please provide below.*

Address: \_\_\_\_\_

Community: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_ (if applicable)

**PRESENT LEVEL OF CERTIFICATE HELD** If none, please check here   
 (I, II, III, or IV) Please Provide Operator Certificate Numbers

WWT:	WWC:	WD:	WT:
------	------	-----	-----

**CERTIFICATION LEVEL EXAM REQUESTED**  
 (I, II, III, or IV)

WWT:	WWC:	WD:	WT:
------	------	-----	-----

**The application fee of \$100.00 must accompany the application.**

Please make the cheque payable to: **Minister of Finance**

Please return completed application to: **Department of Environment, Water and Climate Action**  
**Attn. Brittany Ziegler**  
**P.O. Box 2000**  
**Charlottetown, PE C1A 7N8**  
**Phone: 902 368 5830**

# EDUCATION AND TRAINING

**A copy of any certificate/diploma/degree received must be attached**

*Please Note: Completion of Grade 12 education, GED, or equivalent is required to write a Level I certification exam.*

Completed Grade 12/GED/or equivalent:     Yes     No

When was it completed:    Month: \_\_\_\_\_ Year: \_\_\_\_\_

Where was it completed: \_\_\_\_\_

Post Secondary Education: \_\_\_\_\_ years

INSTITUTION	CERTIFICATE/ DEGREE	BEGAN	ENDED
_____	_____	_____ month/year	_____ month/year
_____	_____	_____ month/year	_____ month/year

Related Training:

List all courses you have taken that are related to water and wastewater operations. Include conferences, seminars, and courses. Attach a complete description of all training and include proof of CEUs awarded.

Description of Training	Date	Number of hours	CEUs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**A copy of training certificate(s), or other acceptable proof of attendance, must be attached**

# RELATED EXPERIENCE PREVIOUS TO CURRENT POSITION

Employer: \_\_\_\_\_

Facility: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment Period: FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day / month / year day / month / year

Job Tasks (includes hours per day spent operating utilities):

WWT: \_\_\_\_\_

WWC: \_\_\_\_\_

WD: \_\_\_\_\_

WT: \_\_\_\_\_

---

Employer: \_\_\_\_\_

Facility: \_\_\_\_\_ Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employment Period: FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day / month / year day / month / year

Job Tasks (includes hours per day spent operating utilities):

WWT: \_\_\_\_\_

WWC: \_\_\_\_\_

WD: \_\_\_\_\_

WT: \_\_\_\_\_

**NOTE: If required, please attach a separate sheet with additional information.**

**PLEASE PROVIDE PROOF OF PREVIOUS EXPERIENCE**

# SUMMARY OF EXPERIENCE: CURRENT POSITION

Current Position: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Classification: WWT: \_\_\_\_\_ WWC: \_\_\_\_\_ WD: \_\_\_\_\_ WT: \_\_\_\_\_

Job Tasks (includes hours per day spent operating utilities): Full Time (Yes/No): \_\_\_\_\_

Hours per day: \_\_\_\_\_

WWT: \_\_\_\_\_

WWC: \_\_\_\_\_

WD: \_\_\_\_\_

WT: \_\_\_\_\_

**NOTE: If required, please attach a separate sheet with additional information.**

Employment Period: FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day / month / year day / month / year

## DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE

Facility: \_\_\_\_\_

Date of Level II Certification Test Passed: \_\_\_\_\_

Facility Classification: WWT: \_\_\_\_\_ WWC: \_\_\_\_\_ WD: \_\_\_\_\_ WT: \_\_\_\_\_

DRC Period Started From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day / month / year day / month / year

**NOTE: THIS SECTION MUST BE COMPLETED**

I agree to allow the Department of Environment, Water and Climate Action to disclose the results (Pass/Fail) of the examination(s) to my respective employers. Please check the appropriate box.

- Agree
- Do Not Agree

Signature of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_