



RECIPROCITY Operator Certification Application | Drinking Water Services

Phone 971-673-0321 | Fax 971-673-0694 | dws.opcert@odhsoha.oregon.gov

Fill out the application completely and accurately. **If you have not taken the ABC exam for your current certification level, you will not be granted reciprocity in Oregon.** If your experience and education match Oregon Requirements, then apply for certification using the in-state operator certification application. Missing information or attachments may cause the application to be returned and will delay the exam and certification process. Keep a copy of the application for your records. **Instructions are on page 4. Please print clearly.**

1. PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Social Security # (required) _____ - _____ - _____ Reciprocity State _____

2. CONTACT INFORMATION

Mailing Address _____ Work Home
 City _____ State _____ Zip _____ County _____
 Outside of US? Country _____ Postal Code _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Email _____

3. CURRENT CERTIFICATION INFORMATION

Name of Certifying Agency/Authority _____ State/Province _____
 Contact _____
 Cert Type & Level _____ Expiration Date _____ copy attached
 Cert # _____ Date of Last Exam _____ Score _____ %

4. EDUCATION & EMPLOYMENT HISTORY

Date awarded high school diploma or GED _____ copy attached
 Date awarded college degree _____ Major _____ transcript attached
 I have completed an **Employment History Record** and **Affidavit of Employment** for each water related job.
 Are you currently employed in Oregon? Yes No Other _____
 Name of Oregon PWS _____ PWS ID # 41- _____

5. CERTIFICATIONS & FEES (SELECT THE ONES YOU ARE APPLYING FOR)

Check the box for the certification type and level you are requesting.

Distribution Level 1 2 3 4 **\$100 fee per certification**

Treatment Level 1 2 3 4 **\$100 fee per certification**

Exam application is being paid for by Employee Employer Other _____

Credit Card pay online www.healthoregon.org/opcert. If you have never been certified enter D_000000 for your cert #.

- Sign and send all documents (including payment receipt) by email, mail, or fax.
- Email dws.opcert@odhsoha.oregon.gov, Mail DWS-OpCert; PO Box 14260; Portland, OR 97293, or Fax 971-673-0694 Attn OpCert

Check: make check payable to OHA Cashier.

- Sign and mail all documents to PO Box 14260 Portland, OR 97293

6. CERTIFY & SIGN

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, and/or my certification(s) suspended or revoked.

Applicant Printed Name _____
 Applicant Signature _____ Date _____

Office Use Only

Fee Paid Refund due \$ _____ Education Need more information Approved
 Additional due \$ _____ Experience



Employment History

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Applicant Name: _____ Cert #: _____
Describe in detail ALL work duties and responsibilities you performed. If you need additional pages, make a copy of this page and attach it to the application. Begin with your current or most recent employer first. **Please print clearly.**

EMPLOYER #1

Employer: _____ PWS ID #41- _____

Employer's Address: _____

Employer's Phone: _____ Email: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Contract Job: Yes No

Dates Employed: ___/___/___ to ___/___/___ Total # of Months Employed: _____

Full Time Half time less than 1/2 time: _____ # of hours per week

Describe all duties you perform, be detailed: _____

EMPLOYER #2

Employer: _____ PWS ID# 41- _____

Employer's Address: _____

Employers Phone: _____ Email: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Contract Job: Yes No

Dates Employed: ___/___/___ to ___/___/___ Total # of Months Employed: _____

Full Time Half time Less than 1/2 times: _____ # of hours per week

Describe all duties you perform, be detailed: _____



Affidavit of Employment

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Fill out a separate Affidavit of Employment for each direct water related job you are claiming. **Please print clearly.**

APPLICANT INFORMATION

Applicant Name _____ Cert #: _____

Job Title _____

PWS Name _____ PWS ID #41- _____

Company Name _____

(This line is for the name of the company that contracts services to the PWS)

Address _____ City _____ State _____ Zip _____

EMPLOYMENT DETAILS

Applicant is currently employed was employed Starting from ____/____/____ to ____/____/____

Total # of months employed _____ full time half time less than 1/2 time _____ # of hours per week

JOB DUTIES

The following activities are considered water system operating experience. Please place a check mark in the box beside each activity you perform while in employment with this system.

O&M = Operation and Maintenance, WWC= Waste Water Collections, WWT = Waste Water Treatment

Water Distribution (WD) Job Duties

- Water Quality Testing (i.e. bacteria sampling)
- O&M of Booster Station/Pumps and Motors
- O&M of Storage Tanks
- O&M of Valves
- O&M of Cross Connection Program
- Installation of Taps/Pipelines/Service Connections
- Leak Detection/Repairs
- Distribution System Flushing

Water Treatment (WT) Job Duties

- Performance of Lab Tests
- O&M of Hypochlorination & Gas Chlorination System
- Calculation of CT Values
- Corrosion Control, chemical used: _____
- O&M of Fluoride Feed System
- O&M of Coagulant Feed System
- O&M of Conventional/Direct Filtration System
- O&M of Slow Sand Filter
- O&M of Membrane Filtration System
- O&M of Cartridge, Bag, or Diatomaceous Earth Filter

The % of time spent on the activities checked above

WD Operator = _____ % of time
 WT Operator = _____ % of time
 WWC Operator = _____ % of time
 WWT Operator = _____ % of time
 Other Duties = _____ % of time, describe other duties: _____

Experience Type

- Employed as a water operator for _____ months
- Operational Decision Making for _____ months

STATEMENT OF AUTHENTICITY

Only the immediate supervisor or the DRC of the system indicated above may verify & sign this document.

It is a violation subject to penalties and revocation of certification for any person to knowingly and willfully make any false statement or representations in any application, record, or other document filed herewith.

Printed Name _____ Date _____

Signature _____ DRC Supervisor

Email _____ Phone # _____

RECIPROCIITY Operator Certification Application Instructions
 Phone: 971-673-0321 | Fax: 971-673-0694 | Email: dws.opcert@odhsoha.oregon.gov

Thank you for applying for an Oregon Drinking Water Reciprocity Operator Certification. Fill out the application completely and accurately.

NOTE If you have not taken the ABC exam for your current certification level, you will not be granted reciprocity in Oregon. If your experience and education match Oregon Requirements, then apply for certification using the in-state operator certification application. Missing information or attachments may cause the application to be returned and will delay the exam and certification process.

The below instructions will help you fill out the Operator Certification Application.

- After completing your application, make a copy to keep for your records before submitting it.
- You may submit a copy of your application and supporting documentation by email, mail, or fax.
- Once the application is received it will be reviewed for completeness. We will notify you by email, phone, or mail if we require additional information to process your application.
- If you are approved for a reciprocity certification you will be mailed an operator certification.

Need Help determining which level of certification you can apply for, or how to calculate your experience?

- **Operating Experience** must have been gained through direct “hands-on” operation of water system facilities and includes, but is not limited to, decisions related to water quality or quantity that may affect public health.
- **Distribution Experience** in one of the following fields, not to exceed ½ of the total experience required: wastewater collection, water treatment, cross connection control, industrial or commercial process water treatment.
- **Treatment Experience** in one of the following fields, not to exceed ½ of the total experience required: wastewater treatment, wastewater treatment laboratory, water distribution, industrial or commercial process water treatment.
- The chart on the below is from OAR 333-061-0235 and will help you determine how much education and experience you need for each level of certification.

Cert Type & Level <i>D= Distribution</i> <i>T=Treatment</i>	Experience & Post High School Education		ODM Experience
	Experience	Education	
D/T Level 1	12 months	None	None
D/T Level 1	None	12-month certificate or associate degree in an Authority-approved water & environmental technology (WET) program.	None
D/T Level 2	36 months	None	None
D/T Level 2	24 months	12 months	None
D/T Level 3	96 months	None	30 months
D/T Level 3	60 months	12 months	30 months
D/T Level 3	48 months	24 months	24 months
D/T Level 3	36 months	36 months	18 months
D/T Level 4	120 months	None	36 months
D/T Level 4	84 months	12 months	30 months
D/T Level 4	72 months	24 months	30 months
D/T Level 4	60 months	36 months	30 months
D/T Level 4	48 months	48 months	24 months

- One year of experience is equivalent to 12 months of full-time employment with 100% of the applicant’s time dedicated to activities directly related to the certification they are applying for.
- Operating experience earned at a water treatment plant or distribution system is considered qualifying experience for certification up to 1 classification level higher than that of the water system facility were the experience was earned.

Reciprocity Application Packet Instructions

1. Personal Information

- Provide your first name, middle initial and last name.
- Social Security # is required for certification. If this is your very first certification with DWS we cannot process your application without your social security number. If you already have an active certification with DWS, you can leave the field blank and check the box 'Already on File'.
- Reciprocity from State: What State do you currently have an active drinking water operator certification?

2. Contact Information

- Address: Provide the mailing address where you want certification and correspondence from this office to be mailed. Identify whether this is your work address or home address.
- If you are applying for reciprocity from outside of the United States, please provide the Country and Postal Code.
- Phone: Provide at least one phone number.
- Email: We may use your email to contact you about your application.

3. Current Certification History

- Name of current certifying agency/authority and State/Province.
- Contact for the certifying agency/authority.
- Current certificate type, level, expiration date, certification number, date of last exam, and exam score. Don't forget to attach a copy of your certification.

4. Education & Employer Information

- Date awarded high school diploma or GED. Don't forget to attach a copy to the application.
- If you have a college degree, please provide graduation year, and major. Provide a copy of your transcript.
- You will need to complete an employment history form and affidavit of employment form for each water related job you have had.
- Let us know if you are currently employed in Oregon. If Oregon employment is pending, select other and write *pending*.
- Provide the name of the Oregon public water system name and ID # of the Oregon water system you are currently or will be working at.

5. Certification & Fees

- Select all the certification(s) you are applying for.
- \$100 fee per certification.
- Pick one payment option:
 - **Credit Card:** Pay online www.healthoregon.org/opcert.
 - Sign and send all documents (including payment receipt) by email, mail, or fax.
 - Email: dws.opcert@odhsoha.oregon.gov, Mail: DWS-OpCert; PO Box 14260; Portland, OR 97293
Fax: 971-673-0694
 - **Check:** Make your check out to OHA Cashier
 - Sign and mail all documents to: OHA Cashier; PO Box 14260; Portland, OR 97293

6. Certify & Sign

- The applicant must sign and date the Reciprocity Operator Certification application. Unsigned applications cannot be processed and will be returned.

Employment History form (attached as page 2)

- Complete an "Employment History" form for each water related job you have held.
- The form allows you to include two jobs per page, make additional copies of page 2 as necessary.
- Not sure of the water system ID, address, phone number? Check Data online www.yourwater.oregon.gov and search by water system name.
- Submit an original or a copy with your application.

Affidavit of Employment form *(attached as page 3)*

- Complete an Affidavit of Employment for each water related job you have held. It must be signed by the owner, immediate supervisor, or the DRC of the system the experience was obtained at.
- Make additional copies of page 3 as necessary.
- **Operational Decision Making (ODM)** means having responsibility for making decisions among alternatives in the performance of the water treatment plant or the water distribution system regarding water quality or quantity which affect public health. Only a certified operation can make operational decisions and earn credit for ODM.
- **Filtration Endorsement:** only fill in this section if you are applying for a FE. To apply, you must currently have a Treatment Level 2 certification and have 1-year of ODM experience at a water treatment plant with conventional or direct filtration treatment.
- The affidavit must be **signed by your immediate supervisor or the DRC** for the water system.
- Submit an original or a copy with your application.

Additional information and forms at www.healthoregon.org/opcert

Need help? Contact the program 971-673-0321 or email dws.opcert@odhsosha.oregon.gov