



Application for Operator Certification

Mail Application and Fee to:
Alaska Dept. of Environmental Conservation
Operator Training and Certification Program
P.O. Box 111800
Juneau, AK 99811-1800

Applicant Information:

Name: Mr. / Ms. / Mx. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Personal Email Address: _____

Work Phone Number: _____

Work Email Address: _____

Certification Reviews Requested: (Passed Exams Only)

CERTIFICATION #1:

System Type:

Level:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Wastewater Treatment | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> 1 |
| <input type="checkbox"/> Water Distribution | <input type="checkbox"/> 2 |
| <input type="checkbox"/> Wastewater Collection | <input type="checkbox"/> 3 |
| | <input type="checkbox"/> 4 |

CERTIFICATION #2:

System Type:

Level:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Wastewater Treatment | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> 1 |
| <input type="checkbox"/> Water Distribution | <input type="checkbox"/> 2 |
| <input type="checkbox"/> Wastewater Collection | <input type="checkbox"/> 3 |
| | <input type="checkbox"/> 4 |

CERTIFICATION #3:

System Type:

Level:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Wastewater Treatment | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> 1 |
| <input type="checkbox"/> Water Distribution | <input type="checkbox"/> 2 |
| <input type="checkbox"/> Wastewater Collection | <input type="checkbox"/> 3 |
| | <input type="checkbox"/> 4 |

CERTIFICATION #4:

System Type:

Level:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Wastewater Treatment | <input type="checkbox"/> Provisional |
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> 1 |
| <input type="checkbox"/> Water Distribution | <input type="checkbox"/> 2 |
| <input type="checkbox"/> Wastewater Collection | <input type="checkbox"/> 3 |
| | <input type="checkbox"/> 4 |

	For DEC Use Only
Operator ID	
Date	
Fees Paid	
Certificate 1	
Certificate 2	
Certificate 3	
Certificate 4	
Approved By	

Application Fee: \$100

Make checks payable to "State of Alaska."

The application fee can also be paid online. The link to the online payment instructions is at

<http://dec.alaska.gov/water/operator-certification/online-fee-payment-standard-fees>.

Include a copy of your online payment receipt with your application.

Applications that are incomplete or missing the application fee will be returned.

Education:

Do you have a high school diploma or G.E.D.? YES NO

Name of high school or G.E.D. granting organization: _____

Date of graduation or receipt of G.E.D.: _____

If this is your first time applying for certification, you must include a copy of your high school diploma or G.E.D. Failure to do so will result in your application being returned to you.

If you do not have a high school diploma or G.E.D., what is the highest grade level you completed? _____

Postsecondary Education:

List the name of each technical school, college, or university you attended, the dates of attendance, and if you graduated, the month and year of graduation, and your major. Submit transcripts for all education entered here. Use a separate sheet of paper if necessary.

☐ Education has previously been submitted to ADEC and is on file.

Name and Address of Institution	Dates Attended	Did You Graduate? If yes, list date.	List Degree, Major, or Major Course Work

Continuing Education:

Note: Ten hours of approved training is equal to one Continuing Education Unit (CEU). Forty-five CEUs is equivalent to one year of postsecondary education.

Number of CEUs you have on file with ADEC: _____

☐ I have reviewed my CEU record and have found that all my CEUs are on file.

To request a copy of your CEU record, please access your record on the Alaska Certified Water/Wastewater Operator Database at <https://dec.alaska.gov/Applications/Water/OpCert/Home.aspx?p=OperatorSearch>.

☐ I have reviewed my CEU record and have found that there are CEUs missing. I have attached the missing certificates of completion.

☐ Please review the attached certificates of completion to determine if any are eligible for CEUs.

Please be aware not all courses are eligible for CEU credit. The Operator Training and Certification Program determines the relevancy of courses; therefore, additional information may be requested from you to determine the relevancy of courses.

Work Experience Information:**Present Employment (or Most Current Employment):**

Job Title: _____ Is this a seasonal position? YES NO
Hours per Day: _____ Days per Week: _____ Weeks per Month: _____ Months per Year: _____
Start Date: _____ End Date: _____
System Name: _____ PWSID (If applicable): _____
System Owner: _____ Supervisor: _____
Supervisor's Phone No.: _____ Supervisor's Email Address: _____

System Type	Wastewater Treatment	Water Treatment	Water Distribution	Wastewater Collection
Percentage spent in system type				

Job Duties/System Description: Please describe your job duties in detail including all activities performed during the course of a normal work day. Examples of activities include making operational decisions that impact process control of a treatment plant, preventive maintenance, daily checks of equipment, etc. Additionally, please include a description of the system being operated including system size, flows, treatment components, chemical or biological processes, number of lift stations, number of services connections, etc.

Wastewater Treatment Job Duties/System Description (If Applicable):**Water Treatment Job Duties/System Description (If Applicable):****Water Distribution Job Duties/System Description (If Applicable):****Wastewater Collection Job Duties/System Description (If Applicable):**

Work Experience Information:

Previous Employment:

Job Title: _____ Is this a seasonal position? YES NO
Hours per Day: _____ Days per Week: _____ Weeks per Month: _____ Months per Year: _____
Start Date: _____ End Date: _____
System Name: _____ PWSID (If applicable): _____
System Owner: _____ Supervisor: _____
Supervisor's Phone No.: _____ Supervisor's Email Address: _____

System Type	Wastewater Treatment	Water Treatment	Water Distribution	Wastewater Collection
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Wastewater Collection Job Duties/System Description (If Applicable):

Work Experience Information:

Previous Employment:

Job Title: _____ Is this a seasonal position? YES NO
Hours per Day: _____ Days per Week: _____ Weeks per Month: _____ Months per Year: _____
Start Date: _____ End Date: _____
System Name: _____ PWSID (If applicable): _____
System Owner: _____ Supervisor: _____
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Wastewater Treatment Job Duties/System Description (If Applicable):

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Water Distribution Job Duties/System Description (If Applicable):

Wastewater Collection Job Duties/System Description (If Applicable):

Disciplinary Actions:

☐ I have no pending nor past disciplinary actions levied against me as a water or wastewater operator by any state agency in Alaska nor any other state or territory.

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Explanation of disciplinary actions including dates and locations. Attached additional sheets if necessary.

Signature of Supervisor (To be completed by your current supervisor.)

I hereby certify that the information provided in the "Present Employment" section of this application made by _____, is true to the best of my knowledge.

Supervisor's Signature

Date

Supervisor's Printed Name

Title

Phone Number

Email Address

Alaskan Operator Code of Ethics

To the best of my ability, I will strive to provide good service, protect and preserve public health, public property and the environment by correctly operating water supply and wastewater system equipment, properly completing required reports, adhering to relevant State and Federal regulations, continuing my education in the field, and working with my utility managers to establish clear operating policies for facilities I operate.

Signature of Applicant

- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I understand that any certification issued based on any omissions or misrepresentations may be revoked by the Operator Training and Certification Program per 18 AAC 74.830.
- I authorize the Operator Training and Certification Program to conduct an investigation of my employment and education records, as well as other statements, for the purpose of verifying my qualifications for certification.
- I understand that this application is a public document and is subject to release upon a request for information.
- I agree to abide by the "Alaskan Operator Code of Ethics."

Applicant's Signature

Date

Questions?

Contact the Operator Training and Certification Program at (907) 465-1139 or dec.opcert@alaska.gov.