

Environmental Operators Certification Program

201, 3833 Henning Drive, Burnaby, BC V5C 6N5
 Ph: 604.874.4784 Fax: 604.874.4794 Toll Free 1.866.552.EOCP



APPLICATION FOR CERTIFICATION

(Please Print Clearly)

DATE _____

NAME _____
 (Last Name) (Full First Name) (Middle Initial)

ADDRESS _____

 POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

FAX _____ E-MAIL _____

I am currently certified in the Program: Yes _____ No _____ Certification No. _____

Application (including \$25 Application Fee) must be received a minimum of 2 weeks prior to the date of the exam.

Please check the square for the certification type and level that you are applying for: (Check only one)							
LEVEL:	OIT	MUI ¹	I	MUII ¹	II	III ²	IV ²
Water Treatment Plant Operator (WT)							
Water Distribution System Operator (WD)							
Wastewater Treatment Plant Operator—Municipal (MWWT)							
Wastewater Treatment Plant Operator—Industrial (IWWT)							
Wastewater Collection System Operator (WWC)							

Small Systems

Small Wastewater System Operator—Mechanical (SWWS-M)				
Small Wastewater System Operator—Lagoon (SWWS-L)				
Small Water System Operator				
Bulk Water Delivery Operator				
	WT	WD	WWT	WWC
¹ For Multi-Utility Applications (MUI and MUII), please indicate which other utilities you work in				
² For Level III or IV exams in WT & WWT, a completed Direct Responsible Charge Form must be submitted with your application.				

Do you authorize the Board to release your exam results to your employer? Yes _____ No _____

Do you authorize the EOCP to provide your personal information necessary to your employer to carry out updates and/or corrections on your behalf? Yes _____ No _____

Fees	EOCP Office Use Only	Exam
Examination \$ _____ (\$50 for SWS, SWWS, BWD, \$100 for WD, WT, WWC, WWT)	Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Time allowed – 3 hours (1.5 hours for Small Systems) No Books Calculators Allowed Passing Grade – 70% Examinees will be required to show Government Issued photo ID on the day of the exam
Application Fee \$ 25.00	Approved to Write <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual Dues \$ _____ (\$60 for SWS, SWWS, BWD, \$70 for WD, WT, WWC, WWT)		
Sub Total \$ _____		
HST (12%) No. 89383 7971 RT0001 \$ _____		
Total \$ _____	Director/ Staff _____ Date _____	

Payment can be made by VISA/MC No. _____ Exp. Date _____

Name on VISA/MC _____

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EDUCATION

NAME: _____

Application will not be processed if this page is not filled in.

Total years of grade school, high school, college, university completed: _____

New Applicants - Please provide a copy of your high school diploma or GED, prior learning assessment or college / university diploma(s).

Applicants for (SWS & SWWS) - A high school diploma is not required to write Small System exams. The operator must have completed training approved by the EOCP specifically for Small Systems for which a minimum of 1.2 continuing education units have been awarded.

High School Attended	Years Completed	Year of Graduation or GED

Related Courses—Please attach certificates/diplomas for courses, conferences, seminars, etc. that you have completed that are related to water/wastewater.

College and University	Program of Study	No. of Years Attended

Related Trade School Training	Program of Study	Total Classroom Time

Voluntary Information -

Are you a member of a First Nation? Yes _____ No _____

If so, what is your Band Number? _____

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EXPERIENCE

NAME: _____

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PLEASE ATTACH A LIST OF YOUR DUTIES IN WATER & WASTEWATER FROM YOUR EMPLOYER

Total years that you have worked in the water/wastewater field: _____ *

Present Employer _____

Your Title _____

Position held from _____ **to** _____ = _____ **Years**

Supervisor _____ **Phone No.** _____

I confirm that (name of operator) _____ has worked for the above employer full time or part time , hands-on for a period of _____ years.
The operator has spent the following percentage of time/or number of hours per year working in each system:

Facility	% of Time or Hours per Year
Water Treatment Plant	_____
Water Distribution System	_____
Wastewater Collection System	_____
Wastewater Treatment Plant	_____

Date _____ Signature of Verification _____
(Signature of Verification must be signed by a Supervisor or Provincial Regulator) (Please print name under Signature)

Previous Employer* _____

Your Title _____

Position held from _____ **to** _____ = _____ **Years**

Supervisor _____ **Phone No.** _____

*** You must provide Previous Employer Information to account for the Total Years indicated above.** If you have more than one previous employer, please photocopy this page and fill out for each previous employer or attach letter(s) confirming details of previous employment.

I confirm that (name of operator) _____ worked for the above employer full time or part time , hands-on for a period of _____ years.
The operator has spent the following percentage of time/or number of hours per year working in each system:

Facility	% of Time or Hours per Year
Water Treatment Plant	_____
Water Distribution System	_____
Wastewater Collection System	_____
Wastewater Treatment Plant	_____

Date _____ Signature of Verification _____
(Signature of Verification must be signed by a Supervisor or Provincial Regulator) (Please print name under Signature)

I understand that false information presented on this application may result in denial to write an exam or cancellation of a certificate issued and hereby certify that the above information is factual.

Signature

Date