

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



EDUCATION

NAME: _____

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

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

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