

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 list your additional previous employers on the Additional Employers form.

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