

# 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 <sup>1</sup>	I	MUII <sup>1</sup>	II	III <sup>2</sup>	IV <sup>2</sup>	
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
<sup>1</sup> For Multi-Utility Applications (MUI and MUII), please indicate which other utilities you work in				
<sup>2</sup> 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	\$100.00	Fees Paid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Time allowed – 3 hours (1.5 hours for Small Systems)
Application Fee	\$ 25.00	Approved to Write	Yes <input type="checkbox"/> No <input type="checkbox"/>	No Books
Annual Dues	\$ 60.00			Calculators Allowed
HST No. 89383 7971 RT0001	PLUS HST	Director/ Staff	Date	Passing Grade – 70%

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: \_\_\_\_\_

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