



# Environmental Operators Certification Program

201 - 3833 Henning Drive, Burnaby, B.C., V5C 6N5

Ph: (604) 874-4784 Fax: (604) 874-4794 Toll Free 1-866-552-3627

Email: [eocp@eocp.org](mailto:eocp@eocp.org) Web: [www.eocp.org](http://www.eocp.org)

## DRC FORM (DIRECT RESPONSIBLE CHARGE)

Applicant (please print) \_\_\_\_\_ Certification No. \_\_\_\_\_

Direct Responsible Charge (DRC) time is a component of the experience requirements for Level III and Level IV examinations in Water Treatment and Wastewater Treatment. DRC may be accumulated when an operator **"has daily on-site responsibility for the operation of a facility"**. In larger facilities, it has been interpreted to mean **"having daily on-site responsibility for the operation of a major segment of the facility"**.

To write a Level III exam in Water Treatment or Wastewater Treatment, two years (3,000 hours) of DRC time in a Class II or higher facility is required. To write a Level IV exam in Water Treatment or Wastewater Treatment, two years (3,000 hours) of DRC time in a Class III or higher facility is required. A DRC form must accompany all applications for Level III or Level IV examinations.

### Facility Classification

Facility Name \_\_\_\_\_

City \_\_\_\_\_ Facility Certificate Number \_\_\_\_\_

Class of Facility (Circle one)	<u>Class</u>	<u>Class</u>	<u>Class</u>
Water Treatment Plant	II	III	IV
Wastewater Treatment Plant	II	III	IV
Water Distribution System	II	III	IV (for education exchange)
Wastewater Collection System	II	III	IV (for education exchange)

Shift on which DRC time has been accumulated Day \_\_\_\_\_ Night \_\_\_\_\_ Relief \_\_\_\_\_  
DRC time has been accumulated from \_\_\_\_\_ to \_\_\_\_\_.

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 true.

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that \_\_\_\_\_ has accumulated \_\_\_\_\_ hours of Direct Responsible Charge (DRC) time at the facility listed above.

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_