



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

**TO: ALL SMALL SYSTEM OPERATORS**

**RE: APPLICATION TO WRITE SMALL SYSTEM EXAMS**

The Environmental Operators Certification Program (EOCP) administers all certification exams and classifies all facilities in BC and Yukon.

The EOCP does not provide any training courses.

If an operator wishes to write a Small System exam, he/she must follow this procedure to apply to write.

- Fill out the Small System application in detail including job duties and have the application signed by a supervisor, Regional Health Officer or Drinking Water Officer confirming experience.
- Operator must complete a minimum of 12 hours or 1.2 Continuing Education Units (CEU's) of training in a course approved for small systems.
- Operator **MUST** have 6 months water experience (for Small Water System or Bulk Water Delivery) or 6 months wastewater experience (for Small Wastewater Systems), a minimum of 50 hours to qualify to write the appropriate exam.
- Application **MUST** be received by EOCP office at least 2 weeks prior to the exam date.
- Exam fees of \$106.00 (including GST) are payable to EOCP and must be sent to the EOCP office.

The operator will be notified of approval to write the Small System exam.

The passing grade on all exams is 70%. Operators achieving this mark will receive a certificate and letter notifying him/her of the exam result. If a passing mark of 70% is not achieved, the operator will be notified by letter. He/she may rewrite after 60 days.

Operators may call the EOCP office at 1-866-552-3627 or (604) 874-4784 for information.



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## SMALL SYSTEM OPERATOR APPLICATION FOR CERTIFICATION

(Please Print Clearly) **Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
 (Last Name) (Full First Name) (Middle Initial)

**Address** \_\_\_\_\_  
 \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Present Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Your Title** \_\_\_\_\_

**Position held from** \_\_\_\_\_ **to** \_\_\_\_\_ = \_\_\_\_\_ **Years**

**Supervisor** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**I am currently certified in the Program** Yes \_\_\_\_\_ No \_\_\_\_\_ **Certification No.** \_\_\_\_\_

**I will be attending a Training Course: Location** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Do you authorize the Board to release your exam results to your employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**I wish to write the following examination:**

<b>Small Water System (SWS) Operator</b>	<input type="checkbox"/>
<b>Bulk Water Delivery (BWD) Operator</b>	<input type="checkbox"/>
<b>Small Wastewater System (SWWS-L) Operator - Lagoon</b>	<input type="checkbox"/>
<b>Small Wastewater System (SWWS-M) Operator - Mechanical</b>	<input type="checkbox"/>

Fees	EOCP Office Use Only	Exam
Examination \$50.00	Fees Paid Yes No	Time allowed - 1.5 hours
Annual Dues \$50.00	Approval Yes No	No Books
PLUS GST \$6.00		Calculators allowed
<b>TOTAL \$106.00</b>		Passing Grade - 70%
GST No. 89383 7971 RT0001	_____ Director	

Payment can be made by VISA or M/C. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on VISA or M/C \_\_\_\_\_

**EDUCATION: Complete the following details:**

Grade School and/or High School No. of Years Completed \_\_\_\_\_  
 College and University or Related Trade School Training No. of Years Attended \_\_\_\_\_  
 Related Courses - List all courses, conferences, seminars, etc. that you have completed related to water or wastewater.

Course Description	Length of Course	Date(s)	CEU's

**EXPERIENCE: Application will not be processed if this section is not filled in.**

**Operator MUST have 6 months (minimum 50 hours) hands-on experience in a water, wastewater, or BWD system.**  
 Total number of years of experience in the water/wastewater field: \_\_\_\_\_ Years

**PLEASE LIST YOUR DUTIES IN THE WATER/WASTEWATER SYSTEM!** (Example: pump maintenance, pipe installation, plumbing, meter installation, sample collection, testing, treatment system operation, disinfection system operation, sludge disposal, delivering water by truck, cleaning and disinfection of delivery truck, housekeeping, etc.)

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**The following section MUST be filled out by the operator's supervisor or employer.**

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

<u>Facility</u>	<u>% or Hours</u>	<u>Facility</u>	<u>% or Hours</u>
Water Treatment Plant	_____	Wastewater Collection System	_____
Water Distribution System	_____	Wastewater Treatment Lagoon	_____
Bulk Water Delivery	_____	Wastewater Treatment Plant	_____

Date \_\_\_\_\_ Signature of Verification \_\_\_\_\_  
 Print Name of Verification \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Signature of Verification must be signed by a Supervisor or Regional Health Officer)

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.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date