





State Water Resources Control Board

APPLICATION FOR WATER DISTRIBUTION OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

- 1. The Water Distribution Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (SWRCB 8631 (2/2017)) must be filled out *completely* and postmarked by the final filing date of the examination you wish to participate in. For an application to be considered complete the following *must* be provided:
 - Personal information (name, date of birth, high school information, SSN, etc.),
 - Legible photocopies of an <u>official transcript</u> or <u>certificate of completion</u> (noting the number of hours/units of training completed) IF specialized training is a requirement for the examination you wish to take. These are the only acceptable forms of verification of completion of a course.
 - Must be check or money order made out to SWRCB-DWOCP. (Do Not send CASH)
 - Your original signature (preferably in blue ink)

ALL INFORMATION MUST BE COMPLETED ON THE APPLICATION AND COURSEWORK VERIFIED EVEN IF YOU HAVE PREVIOUSLY SUBMITTED IT ON A DISTRIBUTION/TREATMENT APPLICATION.

- 2. All minimum educational qualifications must be met by the final filing date of the exam you wish to participate in. If you are still attending a specialized training course at the time your application is submitted, your application will be rejected.
- 3. If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as **FILING FEES ARE NONREFUNDABLE**.

EXAMINATION FEES

Grade 1 = \$50.00	Grade 2 = \$65.00	Grade 3 = \$100.00	Grade 4 = \$130.00	Grade 5 = \$155.00

RE-EXAMINATION FEES (If previously failed same grade)

Grade 1 = \$30.00	Grade 2 = \$45.00	Grade 3 = \$70.00	Grade 4 = \$95.00	Grade 5 = \$120.00

4. Mail completed application, filing fee, and required attachments to:

State Water Resources Control Board Drinking Water Operator Certification Program P.O. Box 944212 Sacramento, CA 94244-2120

Phone: (916) 449-5611 Fax: (916) 449-5654

PROPOSED EXAM SITES (Grades 1-5)*

Concord Los Angeles Sacramento San Diego Santa Barbara Fresno Redding San Bernardino San Jose

^{*} Exam sites are in the general vicinity of the cities listed and are subject to change.

Grade Level	Minimum Qualifications for Examination				
D1	Accredited High School or GED*				
D2	 Accredited High School or GED* AND One 36-contact-hour (3-unit) course of specialized training covering the fundamentals of water supply principles. 				
D3	 A valid grade D2 operator certificate. AND Two 36-contact-hour (3-unit) courses of specialized training that includes at least one course covering the fundamentals of water supply principles. 				
D4	 A valid grade D3 operator certificate. AND Three 36-contact-hour (3-unit) courses of specialized training that includes at least two courses in water supply principles. 				
D5	 A valid grade D4 operator certificate. AND Four 36-contact-hour (3-unit) courses of specialized training that includes at least two courses in water supply principles. 				

^{*}High school/GED equivalency for grades 1 and 2 <u>ONLY</u> can be fulfilled with 1 year as an operator of a facility that required an understanding of a piping system that included pumps, valves, and storage tanks.

For more information about specialized training, please visit our website at Internet Address: http://www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.shtml

State of California State Water Resources Control Board

WATER DISTRIBUTION OPERATOR

APPLICATION FOR EXAMINATION OR RE-EXAMINATION

		APPLICATION	JN FUR		AHON	ז אי	<u> </u>	AIIIINA	ION		
Op	erator number		Exam results				Da	ate received			
Anı	olication approved for:										
, , ,	D1 D2 D3	D4 D5									
Acł	xnowledgement sent Approva										
App	olication NOT approved:										
	Insufficient specialized training	y/verification									
	High school/GED information i	ncomplete									
Сс	mments		l								
		PLEAS	E DO N	OT WR	ITE AB	ΟV	E TH	IS LIN	=		
Ple	ease type or print legibly i								_		
	PERSONAL INFOR										
	Full Legal Name (last, first, middle	initial, suffix)				Date	of Birth	T	Social Sec	curity Number	
	Mailing Address (number, street)					City			State	ZIP Code	
	Mailing Address (Humber, Street)					City			State	ZIF Code	
	Work Telephone Number	ext.	Alternate Nur	mber: Home() or Cell ()		E-mail Add	dress:			
	Are you currently certified by	by the State of Ca	alifornia as	a □ Y	es 🗌 No	Ope	rator Num	ber	Grade / Ex	xpiration Date	
2	water distribution operate EXAMINATION INF		(Do Not			ilin	n foos	aro NO	N_DEF	IINDARI E	
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	Grade D1	Grade	D2	Gra	ade D3		G	irade D4	•	Grade	9 D5
	Exam \$50	☐ Exam \$6 5	5	☐ Exam	\$100		☐ Exa	am \$130		Exam \$1	55
	Re-Exam \$30 (if previously failed)	Re-Exam			xam \$70 viously failed)			-Exam \$9 5 reviously fail		Re-Exam	
3.	EXAM SITE (see co	ver page fo	r a list o	f exam s	sites):				_		
	Do you have an ADA Title- If yes, please enclose a letthe specific accommodation Please indicate if your re	etter (from a profe ons that will be re eligious beliefs p	essional aut quired. prevent you	thorized to r	nake such a	sses: on S	sments) Saturda	that descri	bes	☐ Yes	□ No
	-If yes, please enclose a le you cannot participate in a			g that you a	re a membei	r in g	ood star	nding, and v	why		
4.	EDUCATION										
	Did you graduate from an		school?	☐ Yes ☐] No <i>IF N</i>	IOT	Did y	ou obtain a	GED ce	ertificate?	Yes 🗌 No
	Date (month/year) Nar	me of high school					Location	on (city/state)			
	D1 or D2 applicants ONL	Y, if you do NO	T have a hi	gh school	diploma or	GED	certific	ate, you m	ust have	successfully c	ompleted:
	Basic Small Water Syste	=									·
	One year of experience a storage tanks. Yes	☐ No	-	·							
	This experience must be verif	fied with a signed l	etter from yo	ur superviso	r on company	letter	rhead and	d a copy of y	our utility	's official job de	scription.
	From (mm/yy) To (mm/yy) Nar	ne and Address of En	nployer					Supervisor's N	Name		
								Supervisor's T	elephone	Number	
	1										

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5. SPECIALIZED TRAINING (For grades 2–5 applicants only. Grade 1 applicants proceed to item 6.)

You must attach legible photocopies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). <u>Please include only that information which verifies completion of the required course work.</u> **PLEASE NOTE: COPIES OF REPORT CARDS OR <u>UNOFFICIAL</u> TRANSCRIPTS <u>ARE NOT</u> ACCEPTABLE VERIFICATION OF COURSE WORK.**

Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an accredited academic institution or an organization accredited by the International Association of Continuing Education Training (IACET).

Grade D2 applicants: One course covering the fundamentals of water supply principles.

Grade D3 applicants: Two courses, one of which must be in water supply principles, while the supplemental course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

Grade D4 applicants: Three courses, two of which must be in water supply principles, while the supplemental course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

Grade D5 applicants: Four courses, two of which must be in water supply principles, while the two supplemental courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

6. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and
correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation
of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

Original signature (<i>Please sign, no black ink)</i> (<u>Photocopies NO</u>	<u>Γ accepted</u>)
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Date

PRIVACY ACT DISCLOSURE

This information is required by the State Water Resource Control Board. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applicant's eligibility for examination as a water distribution operator. No transfers of this information are anticipated. For more information, or access to your records, contact the State Water Resources Control Board, Drinking Water Operator Certification Program, PO Box 944212, Sacramento, CA 94244-2120; Phone: (916) 449-5611.

- Must be check or money order, made out to SWRCB-DWOCP (Do Not Send CASH)
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