



APPLICATION: EXAMINATION FOR DRINKING WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER TREATMENT OR CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) WASTE MANAGEMENT SYSTEMS OPERATOR CERTIFICATE

INSTRUCTIONS TO APPLICANT

1. The completed original application must be returned at least **30 days prior** to the date of the exam to the following address: Department of Natural Resources, Receipts and Reporting, PO Box 477, Jefferson City, MO 65102-0477.
2. Please print in ink or type. Give complete and detailed answers. You will be credited only with drinking water treatment, distribution, wastewater and CAFO related education and experience shown in this application. If more space is needed, attach additional sheets. Be sure to list all water, wastewater and CAFO experience regardless of which certificate examination you are applying for.
3. Complete a separate application for each certificate examination level and type that you are applying for.
4. A \$45 fee is required for an **initial** examination or a \$20 fee for the **reexamination** for the same type and level of certificate. Make check or money order payable to: Department of Natural Resources. Do not send cash.
5. The applicant must sign and date the original application. **Incomplete applications will be returned.**
6. Make a copy of this application for your records.

GENERAL – PRINT IN INK OR TYPE

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
HOME ADDRESS (STREET OR P.O. BOX NO.)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (REQUIRED)*		COUNTY OF RESIDENCE	EMAIL ADDRESS	
DAYTIME TELEPHONE NUMBER WITH AREA CODE		HOME TELEPHONE NUMBER WITH AREA CODE	OPERATOR CERTIFICATE NUMBER (IF APPLICABLE)	

*Applicants are required by state and federal law (Section 454.403,RSMo, of the Child Support Enforcement Law and Section 317 of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law No. 104-193) to include your Social Security Number on this application. This allows the department to distinguish between persons who have the same or similar names. The department will not disclose any Social Security Numbers, consistent with Section 610.035. The department cannot allow applicants to take the exam or become certified without a valid Social Security Number.

HAVE YOU EVER HAD A CERTIFICATE SUSPENDED OR REVOKED IN ANY STATE? YES NO

EXAMINATION TYPE AND LEVEL

SELECT EXAMINATION TYPE AND LEVEL – CHECK ONLY ONE

DRINKING WATER TREATMENT	<input type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
DRINKING WATER DISTRIBUTION	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	
WASTEWATER TREATMENT	<input type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
CAFO WASTE MANAGEMENT SYSTEMS	<input type="checkbox"/> B	<input type="checkbox"/> A		

DECLARATION OF AGE ELIGIBILITY

- I certify that I am at least 16 years of age (for Wastewater Treatment application only).
- I certify that I am at least 18 years of age (for Drinking Water and CAFO applications only).

EXAMINATION FEE

- This is my initial application to take an examination of this type and level and I am submitting \$45.
- I have previously taken this exam type and level but did not pass. I wish to retake the exam and I am submitting \$20.

METHOD OF PAYMENT

<input type="checkbox"/> CHECK OR MONEY ORDER ENCLOSED (NO CASH)	<input type="checkbox"/> BILL MY (CHECK ONE): <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
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CARD NUMBER	EXPIRATION DATE
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PRINT NAME AS IT APPEARS ON CARD

NOTE: TO ENSURE THIS APPLICATION IS MAILED ON TIME, IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF.

EXAMINATION LOCATION – REGULARLY SCHEDULED SESSIONS AND LOCATIONS

Regularly scheduled examinations are generally given the first Tuesday of the month, except holidays. Please check only one box for the month and location you wish to examine in. Check the "Special Exam Session" box below and fill in the date and location blanks if the exam is not a regularly scheduled one.

<p>SPRINGFIELD</p> <p><input type="checkbox"/> JAN <input type="checkbox"/> APR <input type="checkbox"/> JUL <input type="checkbox"/> OCT</p>	<p>MACON</p> <p><input type="checkbox"/> FEB <input type="checkbox"/> MAY <input type="checkbox"/> AUG <input type="checkbox"/> NOV</p>	<p>ST. LOUIS (KIRKWOOD)</p> <p><input type="checkbox"/> MAR <input type="checkbox"/> JUN <input type="checkbox"/> SEP <input type="checkbox"/> DEC</p>	<p>POPLAR BLUFF</p> <p><input type="checkbox"/> JAN <input type="checkbox"/> APR <input type="checkbox"/> JUL <input type="checkbox"/> OCT</p>	<p>KANSAS CITY (LEE'S SUMMIT)</p> <p><input type="checkbox"/> FEB <input type="checkbox"/> MAY <input type="checkbox"/> AUG <input type="checkbox"/> NOV</p>	<p>JEFFERSON CITY</p> <p><input type="checkbox"/> JAN <input type="checkbox"/> JUL <input type="checkbox"/> FEB <input type="checkbox"/> AUG <input type="checkbox"/> MAR <input type="checkbox"/> SEP <input type="checkbox"/> APR <input type="checkbox"/> OCT <input type="checkbox"/> MAY <input type="checkbox"/> NOV <input type="checkbox"/> JUN <input type="checkbox"/> DEC</p>
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SPECIAL EXAM SESSION

SPECIAL EXAM SESSION - **DO NOT COMPLETE IF YOU HAVE MARKED A REGULAR SESSION ABOVE**
 DATE: _____ LOCATION: _____

Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? Yes No
 If yes, please enclose documentation that describes the specific accommodations requested.

EDUCATION

COMPLETED HIGH SCHOOL? DIPLOMA GED NONE

HIGH SCHOOL NAME	YEAR COMPLETED	CITY, STATE
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MULTI-DAY WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO SHORT COURSES AND HOME STUDY COURSES

COURSE TITLE	LOCATION	STARTING DATE	ENDING DATE	MO. COURSE APPROVAL NO.	HOURS

OTHER TRAINING (TRADE OR VOCATIONAL SCHOOL, MILITARY, ETC.)

SCHOOL NAME	LOCATION	STARTING DATE	ENDING DATE	SUBJECTS	HOURS

COLLEGE/UNIVERSITY (INCULDE A COPY OF YOUR TRANSCRIPT UNLESS PREVIOUSLY SUBMITTED)

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

APPLICANT CERTIFICATION (READ AND SIGN)

I hereby certify that this application and all attachments contain no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification of fact, this application will be rejected and my Missouri certification revoked. I also understand that previous applications will be checked for consistencies. **I am attaching _____ employment history sheets to this application.**

SIGNATURE OF OPERATOR	DATE
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DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

AMOUNT RECEIVED	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY	POSTMARK DATE	

IT IS NECESSARY TO COMPLETE AND ATTACH THE EMPLOYMENT HISTORY SHEET

EMPLOYMENT HISTORY SHEET

INSTRUCTIONS TO APPLICANT

On the first line of the following page print your name as it appears on page one of this application and provide the last four digits of your Social Security Number. Begin with your present employment and work backwards listing your experience. Complete a separate employment history section for each job. Each time you changed employers or each time your duties significantly changed, complete a new employment history section. If you held more than one position with the same employer with different duties or different levels of responsibility, list the positions separately as though they were for separate employers. If you need additional pages, make copies and attach them to the application. Indicate the number of employment history sheets you are attaching to the application in the blank above the signature block on page 2 of the application. Links to the Operator Certification Regulations can be found at www.dnr.mo.gov/env/wpp/opcert/oprtrain.htm.

Examples of specific tasks related to each of the four job areas are as follows (the lists are not all inclusive):

Distribution System Operations:	Drinking Water Treatment Operations:	Wastewater Treatment Operations:	Wastewater Collection System Operations:	Concentrated Animal Feeding Waste Management Systems Operations:
Operation & maintenance (O & M) of pumps	Operation & maintenance (O & M) of pretreatment systems	Interpret process control data for plant operations	Operation & maintenance (O & M) of pumps	Including but not limited to flush, recycle, storage, digestion, pumping, irrigation, waste spreading, and solids handling facilities, equipment, machinery, sewers, piping, valves, land, tanks, basins, lagoons and any other device, method and process for beneficial use of process waste.
Pipeline installation	Performance of laboratory control tests	Adjustment of wastewater levels or flow patterns through a lagoon	Manhole maintenance and repairs	
O & M of booster station	O & M of coagulant feed systems	Cleaning and maintenance of preliminary treatment system such as bar screens, grit chambers, comminutors, etc.	O & M of lift stations	
Installation of taps	Interpret laboratory results and make adjustments to improve effluent quality	Control of recirculation rates to trickling filter or rotating biological contactor (RBC)	O & M of valves	
O & M of fire hydrants	O & M of filtration systems	Control of solids pumping from clarifiers	O & M of lines and equipment	
Leak detection	O & M of fluoride feed systems	Control of scum removal in clarifiers	Leak detection	
O & M of valves	Plant & ground maintenance	Control of return and waste sludge rates	Line repair	
Leak repairs	O & M of pumps and motors	Operation of digesters and/or solids conditioning processes	Line installation	
O & M of storage tanks	O & M of stabilization feed systems	Control of aeration rates	Line cleaning	
Meter reading	O & M of hypochlorination and gas chlorination systems	Perform calculations and use them to operate and control plant	Installation of service connections	
Distribution system flushing	Water Treatment systems include facilities that provide treatment in addition to disinfection.	Perform laboratory control tests	Work on t.v. crew	
Cross Connection Control		Interpret lab results to improve effluent quality		
Water Distribution systems include facilities with wells that may, or may not, provide disinfection.				

EMPLOYMENT HISTORY SHEET

APPLICANT NAME		LAST 4 OF SSN
EMPLOYMENT HISTORY		
EMPLOYER'S NAME		AREAS OF RESPONSIBILITY
MO NPDES # AND/OR	MO PWSID #	%
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)
CITY, STATE, ZIP CODE		DRINKING WATER TREATMENT OPERATIONS (10 CSR 60-14)
START DATE: MO/DAY/YEAR	END DATE: MO/DAY/YEAR	WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)
AVG HOURS PER WEEK	JOB POSITION/TITLE	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (10 CSR 60-14) (10 CSR 20-9)
WORK TELEPHONE WITH AREA CODE		CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)
SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		OTHER (DESCRIBE: _____)
		TOTAL (CAN NOT EXCEED 100%)
EMPLOYMENT HISTORY		
EMPLOYER'S NAME		AREAS OF RESPONSIBILITY
MO NPDES # AND/OR	MO PWSID #	%
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)
CITY, STATE, ZIP CODE		DRINKING WATER TREATMENT OPERATIONS (10 CSR 60-14)
START DATE: MO/DAY/YEAR	END DATE: MO/DAY/YEAR	WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)
AVG HOURS PER WEEK	JOB POSITION/TITLE	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (10 CSR 60-14) (10 CSR 20-9)
WORK TELEPHONE WITH AREA CODE		CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)
SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		OTHER (DESCRIBE: _____)
		TOTAL (CAN NOT EXCEED 100%)
EMPLOYMENT HISTORY		
EMPLOYER'S NAME		AREAS OF RESPONSIBILITY
MO NPDES # AND/OR	MO PWSID #	%
EMPLOYER'S ADDRESS		DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)
CITY, STATE, ZIP CODE		DRINKING WATER TREATMENT OPERATIONS (10 CSR 60-14)
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SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		OTHER (DESCRIBE: _____)
		TOTAL (CAN NOT EXCEED 100%)
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SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		OTHER (DESCRIBE: _____)
		TOTAL (CAN NOT EXCEED 100%)