



**APPLICATION FOR INDUSTRIAL/COMMERCIAL  
WASTEWATER OPERATOR CERTIFICATION**

*By authority of PA 451 1994, as amended.*

For Cashier's Use Only Hot Key WWF

Accounting Template 761WRDOPERCERTR

Print clearly or type this application. Application must be completed in its entirety to be considered for certification and submitted by the designated deadline with original signatures. General application instructions are listed at the end of this document.

Applicant Name (Last, First, Middle Initial):		E-mail:	
Home Mailing Address:		Home Phone #. (Include Area Code):	Business Phone #.:
City:	State:	Zip Code:	If you possess a Michigan Industrial Commercial Certificate, please indicate the number W-
<input type="checkbox"/> If you require accommodations to write the exam, please check here and explain on a separate sheet of paper.			

**Select the classification(s) below that you are requesting to take.** To qualify for an examination, you must meet minimum requirements for both experience and education. See requirements listed in the instructions.

<input type="checkbox"/> A-1b	Plain Clarification	<input type="checkbox"/> B-1b	Neutralization	<input type="checkbox"/> C-1b	Aerated Lagoons
<input type="checkbox"/> A-1d	Impoundment	<input type="checkbox"/> B-2a	Chemical Clarification	<input type="checkbox"/> C-1c	Stabilization Ponds
<input type="checkbox"/> A-1f	Land Surface Disposal	<input type="checkbox"/> B-2b	Ion Exchange	<input type="checkbox"/> C-2a	Disinfection
<input type="checkbox"/> A-1g	Sub-Surface Disposal	<input type="checkbox"/> B-2c	Oil Water Separation	<input type="checkbox"/> C-2b	Trickling Filters
<input type="checkbox"/> A-2b	Filtration of Wastewater	<input type="checkbox"/> B-2d	Ultraviolet Oxidation	<input type="checkbox"/> C-2c	Biological Sand Filter
<input type="checkbox"/> A-2c	Air Flotation	<input type="checkbox"/> B-3b	Carbon Adsorption	<input type="checkbox"/> C-2d	Rotating Biological Contactors
<input type="checkbox"/> A-2d	Air Stripping	<input type="checkbox"/> B-3c	Reduction of Hex. Chromium	<input type="checkbox"/> C-2f	Constructed Wetlands
<input type="checkbox"/> A-2e	Centrifuging	<input type="checkbox"/> B-3d	Oxidation of Cyanide	<input type="checkbox"/> C-3a	Activated Sludge
<input type="checkbox"/> A-2g	Deep Well Injection			<input type="checkbox"/> C-3b	Sequencing Batch Reactor

**Note: A-1a or A-1h certification, use the A-1a or A-1h application provided on the [EGLE-WRD Operator Training & Certification webpage](#).**



If you are only applying for examinations for which you have been **previously approved**, check this box and complete only the first two pages of the application, **otherwise the entire application must be completed.**

Select Preferred Exam Location

Chelsea    Grand Rapids    Lansing    Marquette

I hereby certify that all information contained on all pages of this application, including attachments, is accurate and complete. I understand that the information in this application constitutes a part of the examination. I fully understand that falsification of this application may result in denial or revocation of certification. I further certify that I have read and understand the instructions for payment of examination fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAY BY CHECK**

*Make check payable to: State of Michigan*

Mail completed application and fee to:  
Department of Environment, Great Lakes, and  
Energy Cashier's Office – WRD  
MDOT Accounting Services Division  
PO Box 30657  
Lansing, Michigan 48909-8157

**EDUCATION AND TRAINING RECORD**

**HIGH SCHOOL:**

Name of School:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you complete high school chemistry? <input type="checkbox"/> Yes <input type="checkbox"/> No If you received acceptable equivalent training, please list in the training section below.
Location:	If yes, year graduated:	If no, highest grade completed:  Date G.E.D. Certificate received:	

*NOTE: Proof of high school/GED completion, chemistry class, or acceptable equivalent training does not need to be provided at this time; however, it may be requested later for certification.*

**COLLEGE: This section is for courses which college credits were received. Submit transcripts with the application.**

Name of School:	Dates Attended (MM/YY) From: To:	Name of Degree:
Location:		# Credits Received:
Name of School:	Dates Attended (MM/YY) From: To:	Name of Degree:
Location:		# Credits Received:

*NOTE: If you have previously submitted a transcript with an industrial certification application, you must only submit transcripts for additional courses taken.*

**TRAINING: This section is for courses which college credits were not received. Submit verification with the application.**

Name of Course and Location:	Course Sponsor:	Dates Attended (MM/YY) From: To:
Name of Course and Location:	Course Sponsor:	Dates Attended (MM/YY) From: To:
Name of Course and Location:	Course Sponsor:	Dates Attended (MM/YY) From: To:

**WASTEWATER TREATMENT EXPERIENCE RECORD – REQUIRED FOR ALL LEVELS**

PLEASE READ BEFORE COMPLETING:

Complete this entire section for each facility in which you have gained wastewater treatment experience. Please print additional copies of this page if you have more than one facility to provide information for. Be sure to have the appropriate supervisory personnel sign this record to verify your statements with respect to your employment. Submitted application must have original signatures (cannot accept faxed, copied, or emailed signatures). You must detail your experience in each classification you are requesting certification for to qualify to take the examination.

**FACILITY INFORMATION**

Facility Name:			<p><b>Employment Verification:</b> I find the statements and information contained in this application to be true and correct to the best of my knowledge:</p> <p>Permittee or Facility Owner Name (<b>Print</b>)</p> <p>_____</p> <p>Permittee or Facility Owner (<b>Signature</b>)</p> <p>Permittee Phone #: _____</p>
Address:			
City:	State:	Zip:	
Dates of employment at this facility (MM/YY):		Hours per week in this facility:	
From:	To:		

**Only complete the following if employer is not the permittee or facility owner or move to next section.**

Employer:			<p><b>Employment Verification:</b> I find the statements and information contained in this application to be true and correct to the best of my knowledge:</p> <p>Employer Supervisor Name (<b>Print</b>)</p> <p>_____</p> <p>Employer Supervisor (<b>Signature</b>)</p> <p>Supervisor Phone #: _____</p>
Address:			
City:	State:	Zip:	
Dates of employment (MM/YY):		Hours per week in this facility:	
From:	To:		

**FACILITY DETAILS**

Describe the wastewater treatment facility. Include the process of generating waste and each process to treat the waste. Attach additional sheets if necessary.
Average Daily Flow, MGD:
Point of Discharge (groundwater, name of river, lake, etc.):



**EXPERIENCE AT THIS FACILITY TO QUALIFY OPERATOR CERTIFICATION**

Classification Requested:	Length of experience in this classification: Years,          Months
Detail your duties in this classification:	

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Detail your duties in this classification:	

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Detail your duties in this classification:	

**GENERAL APPLICATION INFORMATION AND INSTRUCTIONS**

- Please complete the application as directed and submit prior to the deadline. It is helpful to submit your application as soon as possible.
- You must describe your wastewater experience for each specific process type for which you are applying.
- On the application, please indicate your preferred location of examination. Applicants will be assigned to the location requested, if possible.
- No refunds will be given.
- The U.S. Postal Service postmark or a postmark from an independent delivery service will be used to verify that the application has met the deadline for submission. Postmarks by private meter stamps (such as Pitney Bowes) cannot be used as proof of meeting the application deadline.
- A certified operator will not be allowed to take an exam for a classification they currently hold.
- You will be notified of acceptance for the exam by letter to your home address, following the Board of Examiners meeting.
- Questions? Please contact the Water Resources Division's Licensing and Technology Support Unit through:
  - Earl Wuestnick, at 517-881-0797, or [WuestnickE@Michigan.gov](mailto:WuestnickE@Michigan.gov); or
  - Alyssa Sarver at 517-881-1371, or [SarverA@Michigan.gov](mailto:SarverA@Michigan.gov).

**MINIMUM EXPERIENCE AND EDUCATION REQUIREMENTS FOR EACH LEVEL**

**EXPERIENCE**

A minimum of 6 months of operational experience in each unit process (classification of exam) you request to take. This experience must be gained by the application deadline. If you have any questions pertaining to your Facility Classification, contact the EGLE District Office for your area.

District information can be found here: [https://www.michigan.gov/egle/0,9429,7-135-3306\\_3329-12306--,00.html](https://www.michigan.gov/egle/0,9429,7-135-3306_3329-12306--,00.html)

**EDUCATION**

**LEVEL 1:**

- The ability to read and write.
- Comprehension of the principles and problems of management of the treatment process and facilities.
- The ability to perform arithmetic calculations necessary to operate the waste treatment or control facility and prepare the required report to the Department.

A-1a - Special (see note below) \*

A-1b - Plain Clarification

A-1f - Land Surface Disposal

B-1b - Neutralization

C-1c - Stabilization Ponds

A-1h - Non-Contact Cooling Water (see note below) \*

A-1d - Impoundment

A-1g - Sub-Surface Disposal

C-1b - Aerated Lagoons

\* For A-1a or A-1h certification, use the A-1a or A-1h application provided on the web page.

**LEVEL 2:**

- The equivalent of a high school education with the equivalent of high school chemistry
- Comprehension of the principles and problems of management of the treatment process and facilities.
- The ability to perform arithmetic calculations necessary to carry out the operation of the waste treatment or control facility and prepare the required report to the Department.

A-2b - Filtration of Wastewater

C-2a - Disinfection

C-2d - Rotating Biological Contactors

B-2c - Oil Water Separation

A-2e - Centrifuging

B-2b - Ion Exchange

A-2c - Air Flotation

C-2b - Trickling Filters

C-2f - Constructed Wetlands

B-2d - Ultraviolet Oxidation

A-2g - Deep Well Injection

C-2c - Biological Sand Filter

A-2d - Air Stripping

B-2a - Chemical Clarification

**LEVEL 3:**

- The equivalent of 2 years of college education in engineering, chemistry, biological sciences, or allied field. Graduation from high school and with at least 4 courses in post-high school level chemistry or biological sciences, or both, may be equivalent.
- Comprehension of the principles and problems of management of the treatment process and facilities.



- B-3b - Carbon Adsorption
- B-3c - Reduction of Hexavalent Chromium
- B-3d - Oxidation of Cyanide
- C-3a - Activated Sludge
- C-3b - Sequencing Batch Reactor

**EXAM FEES – PLEASE SUBMIT THE TOTAL FEE WITH THE APPLICATION**

Number of Exams		Total
Number of Level 1 Exams:	x \$35.00 =	\$
Number of Level 2 Exams	x \$35.00 =	\$
Number of Level 3 Exams	x \$40.00 =	\$
Total Fee =		\$

For information or assistance on this form, please contact the Water Resources Division, through the EGLE Environmental Assistance Center at 800-662-9278. This form is available in alternative formats upon request.

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