



APPLICATION FOR INDUSTRIAL / COMMERCIAL WASTEWATER OPERATOR CERTIFICATION

By authority of Act 451, PA 1994 as amended.

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.

APPLICANT NAME (Last, First, Middle Initial):		E-MAIL:	
HOME MAILING ADDRESS:		HOME PH #. (Include Area Code):	BUSINESS PHONE #.:
CITY:	STATE:	ZIP CODE:	If you possess a Michigan Industrial Commercial Certificate, please indicate the number W-
IF YOU REQUIRE HANDICAPPED FACILITIES, PLEASE EXPLAIN:			

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 lists 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 DEQ-WRD Operator Training & Certification webpage.

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** _____

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

Mail completed application and fee payment check payable to the State of Michigan to:

DEQ – Cashiers Office
DEQ – WRD - WWF
P.O. Box 30657
Lansing, MI 48909-8157

For Cashier's Use Only: WWF

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EDUCATION AND TRAINING RECORD

HIGH SCHOOL

NAME:	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.
	If yes, year graduated:	If no, highest grade completed: G.E.D. Certificate received:	
LOCATION:			

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 at a later date for certification.

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

NAME:	CREDITS	DATES ATTENDED		NAME OF DEGREE:
LOCATION:	# Received:	From:	To:	
NAME:	CREDITS	DATES ATTENDED		NAME OF DEGREE:
LOCATION:	# Received:	From:	To:	

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	
		From:	To:
NAME OF COURSE AND LOCATION:	COURSE SPONSOR:	DATES ATTENDED	
		From:	To:
NAME OF COURSE AND LOCATION:	COURSE SPONSOR:	DATES ATTENDED	
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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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