



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR DRINKING WATER OPERATOR CERTIFICATION TYPE II: LEVEL 5 EXAMINATION

Authorized under the authority of the Michigan Safe Drinking Water Act, 1976 PA 399, as amended.

For Cashier's Use Only Hot Key Accounting Template

Instructions on how to complete and submit this application and the corresponding application fee are provided at the end of the form.

SECTION 1: GENERAL INFORMATION

Name (First) (Middle Initial) (Last) Operator ID Number (If Known) Street or P.O. Box Mailing Address City State Zip Code Email Address Home Telephone Cell Telephone Employer Name (Current) Employer Telephone PWSID

SECTION 2: EXAMINATION CATEGORY REQUESTED AND LOCATION PREFERENCE

APPLICATION CATEGORY REQUESTED: [] F-5 [] D-5 [] S-5 If Applying for the D-5, do you treat with monochloramine or chlorine dioxide? [] Yes [] No

PREFERRED EXAMINATION LOCATION: Indicate three choices (1st, 2nd, and 3rd). [] Flint [] Greater Detroit Area [] Kalamazoo [] Lansing [] Norther Lower MI [] Port Huron [] West MI [] Upper Peninsula [] Ypsilanti

SECTION 3: RELEVANT CURRENT/PREVIOUS CERTIFICATIONS HELD

[] Current Drinking Water Certification(s) Category (F/D/S) and Level (1-5): [] Current Wastewater Certification(s) Category (A) and Level: [] Current Professional Engineering License License Number:

Name: _____ Exam Period: ___ Spring / ___ Fall Year: _____

SECTION 4: EDUCATIONAL QUALIFICATION

List dates as Month/Year.

Did not complete High School (list highest grade completed and date): _____

High School Diploma/GED Date Completed: _____

Name of School: _____

Location of School: _____

SECTION 5: NEW APPLICATION OR PRIOR APPROVAL

Prior Approval - Check here if you are applying for an exam you were approved for but failed or did not take *OR* if you are applying to retake an exam for a certification you previously held.

New Application - Check here if you are applying for new drinking water certification that you have not previously been approved to take.

MICHIGAN CODE OF ETHICS FOR DRINKING WATER OPERATORS

To the best of my ability, I will strive to provide good service and to protect and preserve public health, public property, and the environment by correctly operating water supply equipment, properly completing required reports, adhering to relevant State and Federal regulations, continuing my education in the field, and working with my utility managers to establish clear operating policies for facilities I operate.

SECTION 6: ATTESTATION OF APPLICANT

- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I understand that any certification issued based on any omissions or misrepresentations may be revoked by the Michigan Department of Environment, Great Lakes, and Energy per R 325.11917, *Suspension or revocation of certificates*, of the Michigan Safe Drinking Water Act, 1976 PA 399, as amended.
- I authorize the Operator Training and Certification Unit to validate my employment and educations records as well as other statements, including contacting current and former employers, for the purpose of verifying my qualifications for certification.
- I understand that this application is a public document and is subject to release upon a request for information under the Michigan Freedom of Information Act.
- I agree to abide by the "Michigan Operator Code of Ethics" stated above.
- I understand I am responsible for an examination fee of \$45 for each examination applied for, and that there are no refunds.

Signature

Date

INSTRUCTIONS FOR THE TYPE II: LEVEL 5 DRINKING WATER CERTIFICATION EXAM APPLICATION

DO NOT INCLUDE INSTRUCTIONS WITH YOUR SUBMISSION

APPLICATION DUE DATE

Applications must be submitted to the Michigan Department of Environment, Great Lakes, and Energy (EGLE) no fewer than 60 days prior to the scheduled examination. A list of examination dates and submission deadlines is available online at Michigan.gov/EGLEOperatorTraining.

EXAMINATION FEE FOR LEVEL 5, TYPE II APPLICATIONS

There is a **\$45 fee per examination**, payable by credit card, check, or money order at the time of application submission. You will not be allowed to write an examination unless the examination fee has been received by EGLE prior to the testing date. **Examination fees are non-refundable.**

CREDIT CARD PAYMENTS

- Credit card payments will only be accepted through the online payment portal: www.thepayplace.com/mi/deq/trainandcertify. Payment cannot be accepted over the phone or in person.
- **The Payment Portal will ask for a Payment Verification Code. The code is: DWOpCert23**
- Please include a copy of the receipt for the online payment with the examination application.

CHECK/MONEY ORDER PAYMENTS

- Make the check/money order payable to: State of Michigan
- Please mail the check/money order to the Cashier's Office (address below) along with a hard copy of the examination application(s).

APPLICATION SUBMISSION

At this time, EGLE allows examination applications to be submitted via email and hard copy. Faxed copies will not be accepted. **LATE or INCOMPLETE applications will not be accepted, and late applications will not be held until the next examination cycle.**

VIA EMAIL

- **Email completed applications to: EGLE-DWEHD-OTCU-Exams@Michigan.gov**
- The completed examination application(s) should be attached as a PDF file to the email along with a copy of the payment receipt. Make sure to include the applicant(s) name and operator ID number (if applicable) in the body of the email.
- Emailed applications must be received no later than 11:59 PM the night of the filing deadline.

VIA U.S. MAIL

The United States Postal Service postmark or a postmark from an independent delivery service (UPS, Federal Express) will be used to verify 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 deadline. **DO NOT** wait until the deadline date to submit your application.

Applications must be submitted via U.S. Mail when the examination fee is being paid by check/money order. Completed applications and examination fee payment/credit card receipt must be mailed to one of the following addresses depending on the payment type.

WHEN SUBMITTING THE EXAMINATION FEE BY CHECK/MONEY ORDER

- Make the check/money order payable to: State of Michigan
- Mail the check/money order, application, and any additional documentation (if any) to:

EGLE
Office of Financial Management
Revenue Control/Cashier's Office
P.O. Box 30657
Lansing, Michigan 48909-8157

- **DO NOT send applications to this address if payment was made by CREDIT CARD, it may result in a processing delay.**
- Mailed applications must be postmarked no later than the posted filing deadline.

FOR OVERNIGHT OR EXPRESS DELIVERY WITH A CHECK/MONEY ORDER PAYMENT

- Make the check/money order payable to: State of Michigan
- Mail the check/money order, application, and any additional documentation (if any) to:

MDOT
Accounting Services Center
425 West Ottawa Street
Lansing, Michigan 48933

- **DO NOT send applications to this address if payment was made by CREDIT CARD, it may result in a processing delay.**
- Mailed applications must be postmarked no later than the posted filing deadline.

WHEN PAYING THE EXAMINATION FEE BY CREDIT CARD (IF THE APPLICATION CANNOT BE EMAILED)

- Mail proof of payment, application, and any additional documentation (if any) to:

Operator Training and Certification Unit
EGLE-DWEHD-CWSS
P.O. Box 30817
Lansing, Michigan 48909-8311

- **DO NOT send overnight or express delivery mail to this address IF PAYING BY CHECK.**
- **DO NOT MAIL CHECKS TO THIS ADDRESS.**
- Mailed applications must be postmarked no later than the posted filing deadline.

LATE APPLICATION POLICY

Applications emailed/postmarked past the posted filing deadline are considered late and will not be accepted. Since examination fees are non-refundable, **examination fees for late applications will not be refunded.**

FILLING OUT THE APPLICATION

SECTION 1: GENERAL INFORMATION

- Fill in your preferred contact information and employment information.
- Mailing address and email address should be the primary address where you would like correspondence to be sent. Examination approval/denial letters and results letters are sent via the United States Postal Service.
- The PWSID is the Public Water System Identification. This identifier replaces the Water Supply Serial Number (which makes up the last five digits of the PWSID).
- If you work under more than one PWSID, please attach a list of all applicable PWSIDs to the application.

SECTION 2: EXAMINATION CATEGORY REQUESTED AND LOCATION PREFERENCE

- **Indicate which category of certification the application is for.** This application can be used for all Level 5 exam categories: Complete Treatment (F-5), Limited Treatment (D-5) and Distribution Treatment (S-5).
- **For D-5 applicants,** you must indicate if you are applying for a Secondary Treatment Certification. If you are applying for Secondary Treatment Certification, you will be required to take an additional laboratory written examination pertaining to D-5 Secondary Treatment. The laboratory examination will be given on the same day as the D-5 examination, and more information will be provided if you are approved for this examination type.
- Applicants are allowed to apply for a maximum of three examinations, regardless of category or level.
- **Indicate your top three choices for testing sites, making sure to rank in order of preference.** Applicants will be assigned to the location/region requested on a first-come, first-served basis. Some examination sites have limited seating and reassignments may be necessary.

SECTION 3: RELEVANT PREVIOUS/CURRENT CERTIFICATIONS HELD

- Check all options that apply and fill in the appropriate requested information. If no certifications or licenses have been held, this section may be left blank.

SECTION 4: EDUCATIONAL QUALIFICATION

- Check which option applies and fill in the appropriate requested information.

SECTION 5: NEW APPLICATION OR PRIOR APPROVAL

- Select **Prior Approval** if you are applying for an examination you were approved for but failed or did not take OR if you are applying to retake an examination for a certification you previously held.
- Select **New Application** if you have never applied for the requested examination in that category or if you were previously denied taking the requested examination.

SECTION 6: ATTESTATION OF APPLICANT

- By signing the examination application, the applicant agrees to the conditions stated in this section. Applicant signature is required, or the application will be denied.

ADDITIONAL INFORMATION

If you have any questions regarding the examination application process, please feel free to contact our office. Current contact information can be found online at Michigan.gov/EGLEOperatorTraining. Please note that staff cannot determine whether an applicant qualifies for a specific examination without receipt of a submitted application.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.