



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.

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 Last) Operator ID Number (If Known) Street or P.O. Box Mailing Address City State Zip Code Email Address Primary Telephone Business Telephone Employer Name (Current) Employer Telephone PWSID

SECTION 2: EXAMINATION CATEGORY REQUESTED AND LOCATION PREFERENCE

APPLICATION CATEGORY REQUESTED: [] D-5 [] F-5 [] S-5 If Applying for the D-5, do you work at a Secondary Treatment System: [] Yes [] No PREFERRED EXAMINATION LOCATION: (Indicate 1st, 2nd, and 3rd choice.) [] Flint [] Greater Detroit Area [] Kalamazoo [] Lansing [] Norther Lower MI [] Port Huron [] West MI [] Upper Peninsula [] Ypsilanti

SECTION 3: RELEVANT PREVIOUS/CURRENT CERTIFICATIONS HELD

[] Currently Held Drinking Water Certification(s) Category and Level: [] Previously Held Drinking Water Certification(s) Category and Level: [] Currently Held Wastewater Certification(s) Category and Level: [] Previously Held Wastewater Certification(s) Category and Level: [] Current Professional Engineering License License Number:

For Cashier's Use Only Hot Key Accounting Template

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: _____

Credit hours accumulated if you **did not complete a degree program**: _____

Associate Degree or Water/Wastewater Technology Program Date Completed: _____

Certificate Received: _____

Name of School: _____

Location of School: _____

Bachelor Degree Date Completed: _____

Degree type (BA/BS, etc.) and Major/Minor: _____

Name of School: _____

Location of School: _____

Advanced Degree Date Completed: _____

Degree Type (MS/PhD, etc.) and Concentration: _____

Name of School: _____

Location of School: _____

SECTION 5: MICHIGAN CODE OF ETHICS FOR DRINKING WATER OPERATORS

To the best of my ability, I will strive to provide good service, 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.

_____ **Please initial here indicating you have read the above Code of Ethics**

SECTION 6: 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.

SECTION 7: 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 in Section 5.
- I understand I am responsible for an examination fee of \$45 for each exam applied for, and that there are no refunds.

Signature (Digital Signature will not be accepted)

Date

**APPLICATIONS MUST INCLUDE A HAND-WRITTEN SIGNATURE
AND BE MAILED BY POSTED DEADLINE**

EMAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED

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 if submitting the examination fee by check or money order, and no fewer than 30 days if submitting the examination fee by credit card. A list of examination dates and postmark deadlines is available online at Michigan.gov/EGLEOperatorTraining (click on Exam Applications button).

Late applications will not be accepted.

EXAMINATION FEE FOR LEVEL 5, TYPE II APPLICATIONS

There is a \$45 fee per examination, payable by check, money order, or credit card at the time of application submission. If you are applying for multiple examinations on one application, the \$45 fee would need to be paid for each examination applied for (for example, if you apply for the D-5 and F-5 on the same application, the examination fee would be \$90).

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 the examination application(s).

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.
- Please include a copy of the receipt for the online payment with the examination application. *A receipt will be sent to the email address entered in the payment portal after payment is completed.*
- **The Payment Portal will ask for a Payment Verification Code. The code is: DWOpCert23**
- 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.**

APPLICATION SUBMISSION

At this time, EGLE requires all drinking water operator examination applications to be submitted in hard copy. Faxed or electronic copies will not be accepted. For applications to be considered submitted "on time," they must be postmarked no later than the posted application due date. *Late applications will not be accepted, nor will they be held until the next examination cycle.*

POSTMARK GUIDELINES:

- The United States Postal Service postmark, or a postmark from an independent delivery service such as UPS or 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 and are not considered official postmarks.

SUBMISSION MAILING ADDRESSES

- Completed applications with original signature and examination fee payment/credit card receipt must be mailed to one of the following addresses depending on payment type.

WHEN PAYING THE EXAMINATION FEE BY CREDIT CARD ONLINE

- Mail proof of payment, original application with wet signature, 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, and DO NOT MAIL CHECKS TO THIS ADDRESS.**

WHEN PAYMENT THE EXAMINATION FEE BY CHECK/MONEY ORDER

- Make the check/money order payable to: State of Michigan
- Mail the check/money order, original application with wet signature, 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.**

FOR OVERNIGHT OR EXPRESS DELIVERY WITH CHECK PAYMENT

- Make the check/money order payable to: State of Michigan
- Mail check/money order, original application with wet signature, 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.**

ACKNOWLEDGEMENT OF APPLICATION RECEIPT

To request an acknowledgment from EGLE of receipt of your application, enclose a self-addressed, stamped postcard with your application. The postcard will be stamped with the date of receipt and mailed back. This does not indicate acceptance to the examination, only receipt of the application.

LATE APPLICATION POLICY

Applications 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 current 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: Limited Treatment (D-5), Complete Treatment (F-5), and Distribution (S-5).
- **For D-5 applicants**, you must indicate whether you work for a Secondary Treatment Supply. If you are applying for the D-5 and you work for a Secondary Treatment Supply, you will be required take an additional laboratory 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 exam 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 in the past or currently, this section may be left blank.

SECTION 4: EDUCATIONAL QUALIFICATION

- Check all options that apply and fill in the appropriate requested information.

SECTION 5: MICHIGAN CODE OF ETHICS FOR DRINKING WATER OPERATORS

- Read the Code of Ethics for Michigan Drinking Water Operators.
- Initial where indicated to confirm that you have read the Code of Ethics.

SECTION 6: NEW APPLICATION OR PRIOR APPROVAL

- Select **Prior Approval** 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.
- Select **New Application** if you are applying for new drinking water certification that you have not previously been approved to take.

SECTION 7: ATTESTATION OF APPLICANT

- Signature must be original and authentic. You must provide a wet signature, or your application will not be accepted. Digital signatures of any kind will not be accepted.

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.