



MICHIGAN DEPARTMENT OF
ENVIRONMENT,
GREAT LAKES, AND ENERGY

DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

**APPLICATION FOR DRINKING WATER OPERATOR CERTIFICATION
COMPLETE TREATMENT F1, F2, F3, F4**

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 LEVEL REQUESTED AND LOCATION PREFERENCE

APPLICATION LEVEL REQUESTED: F-1 F-2 F-3 F-4

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

Check all that apply:

- 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

Provide information for all areas of education (list dates as Month/Year). New examination applications must include a copy of transcripts for any post-secondary.

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

High School Diploma/GED Date Completed: _____

Name of School: _____

Location of School: _____

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

Water/Wastewater Technology Program Date Completed: _____

Certificate Received: _____

Name of School: _____

Location of School: _____

Associate Degree 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: _____

CONTINUE TO NEXT PAGE FOR SECTION 5

SECTION 5: NEW APPLICATION OR PRIOR APPROVAL

Prior Approval - Check here 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.

Complete pages 1 through 3 of the application only.

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

Complete the entire application, including Sections 7 and 8.

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 \$70 for each examination applied for, and that there are no refunds.

Signature

Date

**FOR NEW APPLICATIONS:
CONTINUE TO NEXT PAGES FOR SECTIONS 7 AND 8**

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

SECTION 7: RELEVANT WORK EXPERIENCE – MOST RECENT EXPERIENCE (PART 1 OF 2)

Both parts of Section 7 must be completed in their entirety for NEW APPLICATIONS.

Employer Name: _____ Job Title: _____

Start Date (MM/YY): _____ End Date (MM/YY): _____ Number of PWSIDs Worked for: _____

List PWSID(s): _____

WATER COMPLETE TREATMENT JOB CATEGORIES

COMPLETE TREATMENT PUMP OPERATION

- | | |
|---|--|
| <input type="checkbox"/> Operate Low and High Service Pumps | <input type="checkbox"/> Exercise Plant Valving |
| <input type="checkbox"/> Operate Standby Power Equipment | <input type="checkbox"/> Operate Chemical Feed Pumps |

COMPLETE TREATMENT PLANT MAINTENANCE

- | | |
|--|--|
| <input type="checkbox"/> Maintain and Repair Chemical Feed Pumps | <input type="checkbox"/> Maintain and Repair Filters |
| <input type="checkbox"/> Maintain and Repair Basins and Piping | <input type="checkbox"/> Maintain and Repair Instrumentation |
| <input type="checkbox"/> Maintain and Repair Low and High Service Pumps | |
| <input type="checkbox"/> Maintain and Repair Electrical Equipment and Controls | |

COMPLETE TREATMENT PLANT FILTERS

- | | |
|--|--|
| <input type="checkbox"/> Monitor Filter Performance | <input type="checkbox"/> Adjust Filtration Rates |
| <input type="checkbox"/> Perform and Monitor Backwash Filter(s) Cycles | <input type="checkbox"/> Calibrate On-Line Instrumentation |

COMPLETE TREATMENT CHEMICAL TREATMENT

- | | |
|--|--|
| <input type="checkbox"/> Calculate Chemical Dosage | <input type="checkbox"/> Prepare Chemical Solutions |
| <input type="checkbox"/> Adjust Treatment Rate | <input type="checkbox"/> Collect Daily Water Samples |
| <input type="checkbox"/> Ordering and Inspecting Chemical Deliveries | |

COMPLETE TREATMENT LABORATORY

- | | |
|---|--|
| <input type="checkbox"/> Collect Drinking Water Samples | <input type="checkbox"/> Perform Bacteriological Tests |
| <input type="checkbox"/> Perform Daily Chemical/Turbidity Tests | <input type="checkbox"/> Calibration of Online Instrumentation |
| <input type="checkbox"/> Prepare Reagents and Calibration Standards | |
| <input type="checkbox"/> Perform Analysis using GS/MS Chromatograph and Atomic Adsorption | |

COMPLETE TREATMENT PLANT ADMINISTRATION

- | | |
|--|---|
| <input type="checkbox"/> Complete EGLE Operation Reports | <input type="checkbox"/> Respond to Customer Complaints |
| <input type="checkbox"/> Schedule Routine Maintenance | <input type="checkbox"/> Prepare Treatment Plant Budgets |
| <input type="checkbox"/> Maintain Spare Parts and Chemical Inventory | <input type="checkbox"/> Prepare and Maintain Emergency Plans |
| <input type="checkbox"/> Train and Manage Treatment Plant Personnel | |

SECTION 7 CONTINUES ON NEXT PAGE

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

SECTION 7: RELEVANT WORK EXPERIENCE – MOST RECENT EXPERIENCE (PART 2 OF 2)

Both parts of Section 7 must be completed in their entirety for NEW APPLICATIONS.

DESCRIPTION OF JOB DUTIES

Fully describe your job duties for this position. Attach additional sheets if needed.

Leaving the narrative blank will result in an automatic denial.

During the time worked in this job position, I spend _____% of my time routinely performing the above job categories and the following job duties:

CERTIFICATION OF JOB DUTIES

The individual signing below must be someone other than the applicant. (Example: City Manager, City Administrator, Department of Public Works Supervisor, etc.)

Check either or both, whichever applies:

I am this employee's **IMMEDIATE SUPERVISOR**.

I am the **OPERATOR IN CHARGE at this water supply**.

I certify to the best of my knowledge that the drinking water complete treatment system operation job duty information provided by the applicant in this section is true. I am aware there may be significant penalties for submitting false or misleading information including forfeiture of my own certifications.

Name: _____ Title: _____

Phone: _____ Date: _____

Signature: _____

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

SECTION 8: ADDITIONAL RELEVANT WORK EXPERIENCE (PART 1 OF 2)

Skip this section if there is no additional work experience. If including additional work experience, both parts of Section 8 are required. Additional work experience pages, if needed, can be found online at Michigan.gov/EGLEOperatorTraining.

Employer Name: _____ Job Title: _____

Start Date (MM/YY): _____ End Date (MM/YY): _____ Number of PWSIDs Worked for: _____

List PWSID(s): _____

WATER COMPLETE TREATMENT JOB CATEGORIES

COMPLETE TREATMENT PUMP OPERATION

- | | |
|---|--|
| <input type="checkbox"/> Operate Low and High Service Pumps | <input type="checkbox"/> Exercise Plant Valving |
| <input type="checkbox"/> Operate Standby Power Equipment | <input type="checkbox"/> Operate Chemical Feed Pumps |

COMPLETE TREATMENT PLANT MAINTENANCE

- | | |
|--|--|
| <input type="checkbox"/> Maintain and Repair Chemical Feed Pumps | <input type="checkbox"/> Maintain and Repair Filters |
| <input type="checkbox"/> Maintain and Repair Basins and Piping | <input type="checkbox"/> Maintain and Repair Instrumentation |
| <input type="checkbox"/> Maintain and Repair Low and High Service Pumps | |
| <input type="checkbox"/> Maintain and Repair Electrical Equipment and Controls | |

COMPLETE TREATMENT PLANT FILTERS

- | | |
|--|--|
| <input type="checkbox"/> Monitor Filter Performance | <input type="checkbox"/> Adjust Filtration Rates |
| <input type="checkbox"/> Perform and Monitor Backwash Filter(s) Cycles | <input type="checkbox"/> Calibrate On-Line Instrumentation |

COMPLETE TREATMENT CHEMICAL TREATMENT

- | | |
|--|--|
| <input type="checkbox"/> Calculate Chemical Dosage | <input type="checkbox"/> Prepare Chemical Solutions |
| <input type="checkbox"/> Adjust Treatment Rate | <input type="checkbox"/> Collect Daily Water Samples |
| <input type="checkbox"/> Ordering and Inspecting Chemical Deliveries | |

COMPLETE TREATMENT LABORATORY

- | | |
|---|--|
| <input type="checkbox"/> Collect Drinking Water Samples | <input type="checkbox"/> Perform Bacteriological Tests |
| <input type="checkbox"/> Perform Daily Chemical/Turbidity Tests | <input type="checkbox"/> Calibration of Online Instrumentation |
| <input type="checkbox"/> Prepare Reagents and Calibration Standards | |
| <input type="checkbox"/> Perform Analysis using GS/MS Chromatograph and Atomic Adsorption | |

COMPLETE TREATMENT PLANT ADMINISTRATION

- | | |
|--|---|
| <input type="checkbox"/> Complete EGLE Operation Reports | <input type="checkbox"/> Respond to Customer Complaints |
| <input type="checkbox"/> Schedule Routine Maintenance | <input type="checkbox"/> Prepare Treatment Plant Budgets |
| <input type="checkbox"/> Maintain Spare Parts and Chemical Inventory | <input type="checkbox"/> Prepare and Maintain Emergency Plans |
| <input type="checkbox"/> Train and Manage Treatment Plant Personnel | |

SECTION 8 CONTINUES ON NEXT PAGE

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

SECTION 8: ADDITIONAL RELEVANT WORK EXPERIENCE (PART 2 OF 2)

If including additional work experience, both parts of Section 8 are required.

DESCRIPTION OF JOB DUTIES

Fully describe your job duties for this position. Attach additional sheets if needed.

Leaving the narrative blank will result in an automatic denial.

During the time worked in this job position, I spend _____% of my time routinely performing the above job categories and the following job duties:

CERTIFICATION OF JOB DUTIES

The individual signing below must be someone other than the applicant. (Example: City Manager, City Administrator, Department of Public Works Supervisor, etc.)

Check either or both, whichever applies:

I am this employee's **IMMEDIATE SUPERVISOR**.

I am the **OPERATOR IN CHARGE at this water supply**.

I certify to the best of my knowledge that the drinking water complete treatment system operation job duty information provided by the applicant in this section is true. I am aware there may be significant penalties for submitting false or misleading information including forfeiture of my own certifications.

Name: _____ Title: _____

Phone: _____ Date: _____

Signature: _____

**COMPLETE TREATMENT F1, F2, F3, F4
APPLICATION INSTRUCTIONS FOR THE TYPE I (LEVELS 1-4) MUNICIPAL
DRINKING WATER CERTIFICATION EXAMS**

DO NOT INCLUDE INSTRUCTIONS WITH YOUR SUBMISSION

COMPLETE TREATMENT SYSTEM EXPERIENCE REQUIREMENTS			
NUMBER OF FULL CATEGORIES* WORKING IN	POINTS/MONTH	HIGHEST ALLOWABLE EXAM LEVEL	COMPLETE TREATMENT SYSTEM EXPERIENCE QUALIFICATIONS MUST INCLUDE:
4	1	F-1	<p>F-1 - 60 Points plus: work in four or more categories for at least one year AND at least three years of operating experience of which one year is in a F-2 system or higher.</p> <p>F-2 - 30 Points plus: work in three or more full categories for at least one year AND 15 months of operating experience in a F-3 system or higher.</p> <p>F-3 - 15 Points plus: work in two or more full categories for one year.</p> <p>F-4 - 3 Points</p> <p>* Experience points awarded from “allied fields” or “education allowed as experience” may be counted as one additional full category. To find out more, go to Michigan.gov/EGLEOperatorTraining.</p>
3	1	F-2	
2	½	F-3	
1	½	F-4	

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 ALL LEVEL 1-4 EXAMINATIONS

There is a **\$70 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 LEVEL REQUESTED AND LOCATION PREFERENCE

- **Indicate which level of certification the application is for.** This application can be used for levels 1 through 4, with level 1 being the highest level.
- 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 all options that apply and fill in the appropriate requested information.

- If you are submitting a new application, a copy of all applicable postsecondary school transcripts must be included with your application.

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. *Only complete and submit pages 1 through 3.*
- 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. *The entire application must be completed and submitted for new applications.*

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.

SECTION 7: RELEVANT WORK EXPERIENCE – MOST RECENT EXPERIENCE (PARTS 1 AND 2)

- **This section must be completed in its entirety for NEW APPLICATIONS.**
- Indicate the specific dates the drinking water-related work was performed even if these dates differ from the date of hire.
- The job categories, percentage worked, detailed narrative of your routine job duties, and supervisor signature must be included.
- Leaving any portion of the position description page(s) blank will result in the experience not being counted, which could result in a denial of application.

WATER COMPLETE TREATMENT JOB CATEGORIES

- Mark all job duties you routinely perform while working in a drinking water complete treatment system for the job position listed in this section.
- Do not mark tasks that have been performed only once or twice or that are performed infrequently.
- Do not mark tasks associated with positions or duties performed in a distribution system, limited treatment, or wastewater treatment system.
- **If you held various positions with the same employer that had different duties or different levels of responsibility, list them as separate job positions starting with the most current position and working backwards.** An example of this would be a promotion from general worker to foreman or from foreman to supervisor.
- There are six drinking water complete treatment system operation job categories. Each job category is divided into specific job duties.
- Applicants performing the majority of activities within a category are credited with a full job category. Applicants routinely performing at least one of the activities but fewer than the majority within a category are credited with half a category. You can have several half categories, however, two or more half categories can only equal one full category once.

Note to Applicants who are Supervisors: If you do not routinely perform the job duties listed and are not a first line supervisor directly overseeing operations in the complete treatment system, do not check off any boxes. Instead, fully describe your job duties in the space provided **AND** attach copies of **BOTH** your position description and your water utility or company organizational chart.

DESCRIPTION OF JOB DUTIES

- Provide a detailed description of your routine duties relative to the job category boxes you checked off. Attach additional sheets if needed.
- Stating “I do it all,” or “I do everything above,” is not sufficient. Leaving the narrative blank will result in an automatic denial.
- Use the narrative space to detail your experience in complete treatment for potable water only. Remember, it is not possible to work 100% in complete treatment and 100% in distribution wastewater, etc.
- **Distribution experience does not count towards treatment system experience.**
- You have the option to attach a position description. Put a note in the Description of Job Duties box indicating the position description is attached if you choose this option. Then make sure to include the copy of your position description with your application.

CERTIFICATION OF JOB DUTIES

- Have your immediate supervisor or the operator in charge at the water supply complete this portion.
- By signing, the supervisor or operator in charge is certifying to the best of their knowledge that the job duty information provided in this section are true.

SECTION 8: ADDITIONAL RELEVANT WORK EXPERIENCE (PARTS 1 AND 2)

This section is for additional work experience prior to your current position. If you do not have any additional work experience, you do not need to complete this section.

- If you have more than one previous position to report, additional Work Experience sheets are available at Michigan.gov/EGLEOperatorTraining. Label any additional work experience sheets as job position 3, 4, 5, etc.
- Follow the same instructions as Section 7 to fill out Section 8.

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.