



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

**APPLICATION FOR RECIPROCAL CERTIFICATION**

This form serves to document compliance with R325.11914(2) of the administrative rules promulgated under the Michigan Safe Drinking Water Act, 1976 PA 399, as amended.

Name of Applicant: \_\_\_\_\_

State in which you currently hold certification: \_\_\_\_\_

Current Certification(s): \_\_\_\_\_

Drinking Water Operator Certifications in Michigan are divided into categories based on the type of system as well as the populations served or capacity of the system. The information below will help determine the certification you are eligible to be granted, and the appropriate exam to take to maintain your certification.

**1) List the minimum requirements for education and experience you had to meet to obtain your current certification.**

Education (high school, college, related CEC/CEUs): \_\_\_\_\_

Experience: \_\_\_\_\_

Other: \_\_\_\_\_

Contact Information for State Certification program: \_\_\_\_\_

**2) Please read the following classification descriptions and mark which classification your certification most closely represents. This will help you determine which exam application(s) to complete.**

\_\_\_ F: The F classification corresponds to a complete treatment system. This means “a series of processes, including disinfection and filtration, to treat surface water or ground water under the direct influence of surface water, or to treat ground water not under the direct influence of surface water that uses precipitative softening, to produce a finished water meeting state drinking water standards.”

\_\_\_ D: The D classification corresponds to a limited treatment system. This means “a treatment system, including, but not limited to, disinfection, fluoridation, iron removal, zeolite softening, phosphate application, or filtration other than complete treatment.”

\_\_\_ S: The S classification corresponds to a distribution system. This means “a system that consists of the following components through which water is distributed and used or intended for use for drinking water or household purposes: piping, transmission or distribution mains, pumps, pumping stations, storage tanks, controls, associated appurtenances.”

**3) Please read the following descriptions and select which level your certification most closely represents. There are five levels associated with each classification. Level 1 is the highest level and Level 5 is the lowest level. The levels are based on both the capacity of the system and the population served and/or service connections. (Please mark all that apply.)**

Level 1 – Serving a population of >20,000, or with a designated treatment capacity greater than 5.0 million gallons of water per day.

Level 2 – Serving a population from 4,000 to 20,000, or with a designated treatment capacity from 2.0 to 5.0 million gallons of water per day.

Level 3 – Serving a population from 1,000 to 4,000 or with a designated treatment capacity from 0.5 to 2.0 million gallons of water per day.

Level 4 – Serving a population of less than 1,000, or with a designated treatment capacity less than 0.5 million gallons of water per day.

Level 5 – Noncommunity water supply systems (i.e. day cares, schools, restaurants) or nontransient noncommunity supplies with no treatment or community supplies with no treatment and a distribution system limited in extent.

**4) In addition to completing this form, please complete and enclose the following:**

A completed exam application(s). You can find the applications online at [Exam Applications](#). Please reference the description of the system categories above to select the appropriate exam application(s).

A copy of your resume.

A copy of your training records.

A copy of your current drinking water license/certificate.

**5) Certification of the Applicant**

I certify that all information provided in this application and attachments (if any) is accurate and complete. I understand that misstatement of facts may result in forfeiture of all rights to certification.

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

Submit all required paperwork to [EGLE-OTCU-Training@Michigan.gov](mailto:EGLE-OTCU-Training@Michigan.gov); or the Department of Environment, Great Lakes, and Energy; Drinking Water and Environmental Health Division; Operator Training and Certification Program; P.O. Box 30817, Lansing, Michigan 48909-8311. If you have any questions, please contact the Operator Training and Certification Unit at 517-899-6906.

---

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto: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.