



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
WATER RESOURCES DIVISION

**APPLICATION FOR INDUSTRIAL/COMMERCIAL WASTEWATER TREATMENT PLANT  
OPERATOR CERTIFICATION**

*By authority of 1994 PA 451, as amended.*

### **General Application Instructions**

- Please complete the application as directed and submit to the Department of Environment, Great Lakes, and Energy (EGLE) Water Resources Division (WRD) Operator Certification Unit as soon as possible. An incomplete application may be denied.
- **Late applications will be denied.**
- You must describe your wastewater experience for each specific process type for which you are applying.
- A certified operator will not be allowed to take an exam for a classification they currently hold.
- You will be notified of acceptance for the exam by letter to your home address or email following the Board of Examiners meeting.
- Submit total examination fee with application. No refunds will be given.
- A-1a or A-1h certification, use the A-1a or A-1h application provided on the [EGLE-WRD Operator Training & Certification webpage](#).
- Questions? Please contact the Water Resources Division's Licensing and Technology Support Unit through:
  - [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov)
  - 517-284-5567

### **Minimum Experience and Education Requirements**

#### **Experience**

A minimum of six (6) months of operational experience in each unit process (classification of exam) you request to take. This experience must be gained by the application deadline. If you have any questions pertaining to your Facility Classification, contact the [EGLE District Office](#) for your area.

[Here is the list of current industrial classifications and definitions for review.](#)

## Education

### Level 1:

- The ability to read and write.
- Comprehension of the principles and problems of management of the treatment process and facilities.
- The ability to perform arithmetic calculations necessary to operate the waste treatment or control facility and prepare the required report to the Department.

### Level 2:

- The equivalent of a high school education with the equivalent of high school chemistry.
  - If you did not complete high school chemistry, five (5) years of operating experience is required.
- Comprehension of the principles and problems of management of the treatment process and facilities.

The ability to perform arithmetic calculations necessary to carry out the operation of the waste treatment or control facility and prepare the required report to the Department.

### Level 3:

- The equivalent of two (2) years of college education in engineering, chemistry, biological sciences, or allied field. Graduation from high school and with at least four (4) courses in post-high school level chemistry or biological sciences, or both, may be equivalent.
- Comprehension of the principles and problems of management of the treatment process and facilities.

## Exam Fees

Level 1 and 2 Exams: \$35.00 each

Level 3 Exams: \$40.00 each

## Payment and Submission Instructions

- To pay by credit card, visit [EGLE's Industrial Wastewater Payment Website](#). The payment certification is **OpCert22!**
- Email your completed form to [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov).
- To pay by check, please contact [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov) and we will provide the appropriate payment form.

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

W-Number (if applicable): \_\_\_\_\_

**Select the classification(s) below that you are requesting to take.** You must meet minimum requirements for both experience and education to write an exam.

- A-1b Plain Clarification: Conventional Circular/Rectangular Clarifiers
- A-1b Plain Clarification: Inclined Plate Clarifier
- A-1d Impoundment
- A-1f Land Surface Disposal
- A-1g Sub-Surface Disposal
- A-2b Filtration of Wastewater
- A-2c Air Flotation
- A-2d Air Stripping
- A-2e Centrifuging
- A-2g Deep Well Injection
- B-1b Neutralization
- B-2a Chemical Clarification
- B-2b Ion Exchange
- B-2c Oil Water Separation
- B-2d Ultraviolet Oxidation
- B-3b Carbon Adsorption
- B-3c Reduction of Hex. Chromium
- B-3d Oxidation of Cyanide
- C-1b Aerated Lagoons
- C-1c Stabilization Ponds
- C-2a Disinfection
- C-2b Trickling Filters
- C-2c Biological Sand Filters
- C-2d Rotating Biological Contactors
- C-2f Constructed Wetlands
- C-3a Activated Sludge
- C-3b Sequencing Batch Reactor

**Check this box for a repeat exam(s) and only complete this page of the application.**

## Preferred Exam Location

- Southeast MI     Grand Rapids     Lansing     Marquette

## Accommodations and Accessibility

Please check here if you require accommodations to write the exam. Explain on a separate sheet of paper.

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- ✓ 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: \_\_\_\_\_

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

### Education and Training Record – High School

High School Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduate?  Yes  No If yes, year graduated: \_\_\_\_\_

If no, highest grade completed: \_\_\_\_\_ Date G.E.D. certificate received: \_\_\_\_\_

Did you complete high school chemistry?  Yes  No  
(If you received acceptable equivalent training, please list below in the training section)

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### Education and Training Record – College

This section is for courses which college credits were received.

**Submit transcripts with the application for any Level 3 certification.**

Name of School: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Name of Degree: \_\_\_\_\_ # Credits Received: \_\_\_\_\_

Name of School: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Name of Degree: \_\_\_\_\_ # Credits Received: \_\_\_\_\_

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### Training

This section is for wastewater-related education training for which college credit was not received. Submit verification of these courses with this application. You may list additional courses if that is necessary.

Course Title and Sponsor: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Course Length (Hours): \_\_\_\_\_ Course Ending Exam?  Yes  No

Course Title and Sponsor: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Course Length (Hours): \_\_\_\_\_ Course Ending Exam?  Yes  No

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

### Training Continued

Course Title and Sponsor: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Course Length (Hours): \_\_\_\_\_ Course Ending Exam?  Yes  No

Course Title and Sponsor: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Course Length (Hours): \_\_\_\_\_ Course Ending Exam?  Yes  No

Course Title and Sponsor: \_\_\_\_\_

Dates Attended: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_

Course Length (Hours): \_\_\_\_\_ Course Ending Exam?  Yes  No

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### Facility Information

**Only complete this section if you are employed by the permittee or facility owner.**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment at this facility (MM/YY): From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week in this facility: \_\_\_\_\_

### Employment Verification

I find the statements and information contained in this application to be true and correct to the best of my knowledge:

Permittee or Facility Owner Signature: \_\_\_\_\_

Permittee or Facility Owner Name: \_\_\_\_\_

Permittee or Facility Owner Phone Number: \_\_\_\_\_

Permittee or Facility Owner Email: \_\_\_\_\_

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

**Only complete this section if your employer is not the permittee or facility owner and add only the facility name and address in the above box.**

**Employer (example: consulting firm):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment (MM/YY): From: \_\_\_\_\_ To: \_\_\_\_\_

Employment hours per week: \_\_\_\_\_

### **Employment Verification**

I find the statements and information contained in this application to be true and correct to the best of my knowledge:

Employee Supervisor Signature: \_\_\_\_\_

Employee Supervisor Name: \_\_\_\_\_

Employee Supervisor Phone Number: \_\_\_\_\_

Employee Supervisor Email: \_\_\_\_\_

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

**Facility Details**

Describe the wastewater treatment facility. Include the process of generating waste and each process to treat the waste. Attach additional sheets if necessary.

Average Daily Flow, MGD: \_\_\_\_\_

Point of Discharge (groundwater, name of river, lake, etc.): \_\_\_\_\_

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**Experience at this Facility to Qualify for Operator Certification**

Classification Requested: \_\_\_\_\_

Length of Experience in this Classification: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Describe Your Duties in this Classification:

Classification Requested: \_\_\_\_\_

Length of Experience in this Classification: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Describe Your Duties in this Classification:

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

**Experience at this Facility to Qualify for Operator Certification Continued:**

Classification Requested: \_\_\_\_\_

Length of Experience in this Classification: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Describe Your Duties in this Classification:

Classification Requested: \_\_\_\_\_

Length of Experience in this Classification: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Describe Your Duties in this Classification:

Classification Requested: \_\_\_\_\_

Length of Experience in this Classification: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Describe Your Duties in this Classification:

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. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at [EGLE-NondiscriminationCC@Michigan.gov](mailto:EGLE-NondiscriminationCC@Michigan.gov) or 517-249-0906.

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