



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

**APPLICATION FOR MUNICIPAL WASTEWATER TREATMENT PLANT  
OPERATOR CERTIFICATION**

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

**General Application Information and Instructions**

- Please complete the application as directed and submit to the EGLE WRD Operator Certification Unit as soon as possible. An incomplete application may be denied. You will receive notification of acceptance or denial no less than 15 days before the examination date.
- Late applications will be denied.
- A separate application must be submitted for each examination requested.
- On the application, please indicate the preferred location of examination. Applicants will be assigned to the location requested if possible.
- Submit total examination fee with application. No refunds will be given.
- Direct operational experience in a municipal wastewater treatment plant must be obtained prior to taking the certification exam.
- A certified operator will not be allowed to take an exam for a classification that 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.
- 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 Qualifications to Write an Exam**

Please download and review the [Municipal Wastewater Treatment Plant Operator Certification Board Policy](#) for a complete description of minimum requirements for each classification.

The Board Policy is also listed on our website at [Michigan.gov/WWCertification](http://Michigan.gov/WWCertification) - click on "Municipal Wastewater Treatment Plant Operator Certification" to view the document.

**Payment and Submission Instructions**

**Class A, B, C, or D - \$70.00 per exam**       **Class L1, L2, or SC - \$45.00 per exam**

- Visit the [EGLE Municipal Wastewater Payment Website](#) and pay the fee.  
The payment verification code is **OpCert22!**
- Email your completed form to [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov)
- If you need to pay by check, please contact [EGLE-WRD-OpCert@Michigan.gov](mailto:EGLE-WRD-OpCert@Michigan.gov) for the appropriate payment form.

**Check Class Applying for**  **A**  **B**  **C**  **D**  **L2**  **L1**  **SC**

Separate applications must be submitted if you are applying for more than one exam.

If you are applying for the L2, you do not need to apply for the L1. If you pass the L2 you will automatically receive the L1 certification.

---

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

Operator ID Number (if known): \_\_\_\_\_

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

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

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

Current Employer: \_\_\_\_\_

---

**Preferred Exam Location**

Gaylord  Grand Rapids  Lansing  Marquette  Midland/Saginaw  Southeast MI

---

**Accommodations and Accessibility**

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

---

**Repeat Exam Instructions**

If you are retaking an exam, check this box and complete **only this first page** of the application.

- 
- ✓ 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)

---

### Education and Training Record – College

This section is for courses which college credits were received. **Submit transcripts with the application.**

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: \_\_\_\_\_

---

### 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

---

### Wastewater Treatment Experience Record

Complete this entire section in detail for each facility in which you have gained wastewater treatment experience beginning with the most recent and continue chronologically. If you have held two or more positions for the same treatment facility with different levels of responsibility or different duties, list and describe them separately. Make copies of this page to document additional experience.

### Plant Information

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

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

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

Your Position Title: \_\_\_\_\_ Number of Employees You Supervise: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_

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

Dates of Employment at this Facility: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_ or  Present

Hours in Facility:  Full time  Part time Hours/Week: \_\_\_\_\_

Describe your duties in this position (Be specific and attach additional sheets if necessary):

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

### **Wastewater Treatment Experience Record Continued**

Complete this entire section in detail for each facility in which you have gained wastewater treatment experience beginning with the most recent and continue chronologically. If you have held two or more positions for the same treatment facility with different levels of responsibility or different duties, list and describe them separately. Make copies of this page to document additional experience.

#### **Plant Information**

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

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

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

Your Position Title: \_\_\_\_\_ Number of Employees You Supervise: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_

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

Dates of Employment at this Facility: From (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_ or  Present

Hours in Facility:  Full time  Part time Hours/Week: \_\_\_\_\_

Describe your duties in this position (Be specific and attach additional sheets if necessary):

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.