



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 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. 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
 - 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 - 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**

- Email your completed form to EGLE-WRD-OpCert@Michigan.gov
- If you need to pay by check, please contact EGLE-WRD-OpCert@Michigan.gov for the appropriate payment form.
- Due to credit card fraud, the State of Michigan has removed payment websites from applications and forms. **Please submit your application to the email address listed above and staff will respond to you with payment information.**

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.

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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)

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 (2) 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):

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

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