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

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 Industrial/Commercial Wastewater Treatment Plant Operator Certification webpage: Michigan.gov/EGLE/about/Organization/Water-Resources/op-cert-wastewater/industrial-commercial-wastewater-treatment-plant.
- Questions? Please contact the Water Resources Division's Licensing and Technology Support Unit through:
    - 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: Michigan.gov/EGLE/contact/district-office-locations for your area.

The list of current industrial classifications and definitions for your review can be found online at: Michigan.gov/-/media/Project/Websites/EGLE/Documents/Programs/WRD/Operator-Certification/definitions.pdf.

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 EGLE.

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 EGLE.

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

- Email your completed form to EGLE-WRD-OpCert@Michigan.gov.
- To pay by check, please contact EGLE-WRD-OpCert@Michigan.gov and we will provide 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.**

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.

- ✓ 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 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: _____

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

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, million gallons per day (MGD): _____
Point of Discharge (groundwater, name of river, lake, etc.): _____

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:

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