

**Application for Operator Certification**

Please print clearly or type and follow the instructions on the application form.

NOTE: If using Adobe Reader, text can be inserted directly into the form and tab between fields.

<b>SECTION A APPLICANT INFORMATION</b>			
Last Name		First Name	
		Middle Initial(s)	
Job Title			
Date of Birth (mm/dd/yyyy)		ID No. from Examination(s) (9 or less digit # from Exam Sheet)	
Apt	Address		
Town		Province	Postal Code
Telephone:		Email:	

**Please complete the following. The information provided will be used to evaluate the application for operator certificates under the Water and Wastewater Facility Operators Regulation.**

**Application Fee:**

**As per Regulation 77/2003, the fee for an operator's certificate is \$100. Payable by cheque or money order to "Minister of Finance". Payment, all supporting documentation regarding education, CEUs, operating experience and a digital photo of the applicant (in .jpg format) must be submitted with this application form. Digital photo may be submitted via email or on a CD Rom or floppy disk.**

Forward the completed forms & fee to:

Director, Environmental Assessment  
& Licensing Branch  
Manitoba Conservation  
160 – 123 Main Street  
Winnipeg MB R3C 1A5

Please direct questions to:

Certification Program Coordinator  
Phone: (204) 945-7065  
Fax: (204) 945-5229

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# Application for Operator Certification

## SECTION D CONDITIONAL CERTIFICATION

If not applying for a Conditional Certificate proceed to Section E.

If applying for a Conditional Certificate please indicate which type:

Request a Conditional Certificate due to exceptional circumstances. *This type of application requires a written request for the conditional certificate from the owner of the facility that employs the operator.*

## SECTION E OPERATING EXPERIENCE – CURRENT EMPLOYER

**A copy of your current job description or other documentation indicating range of responsibilities, if available, should be submitted with this application form, signed by your manager or authorized representative.**

List your major operational duties related to the certificate for which you are applying. Please note that only hands-on operating experience can be considered. If more space is required, please attach extra sheets to application submission.

List the names of the facilities in which you operate. Please include facility classification and level (e.g. WT2). *(Facility Classification Forms should be completed and submitted prior to Operator Application submission, please confirm with supervisor for classification or if facility classification has been submitted to Manitoba Conservation please contact Manitoba Conservation for status)*

Do you operate on a full-time basis?

Yes

No

If "No" what percentage (%) of the working time, did you spend Operating (i.e. performing the above listed duties)?

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Valid Operating Experience (CURRENT EMPLOYER)	
Start Date _____ Total Years / Months ____ / ____ to date of application	
If valid experience was not continuous, please explain.	
Name of Authorized Representative ( <i>Cannot be the operator. Authorized representative must be operator's manager or designated overall responsible operator.</i> )	
Phone Number	Fax Number
Email Address	
Signature of Authorized Representative	Date

<b>SECTION F DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE – CURRENT EMPLOYER</b>	
Valid DRC Operating Experience	
Start Date _____ Total Years / Months ____ / ____ to date of application.	
Signature of Authorized Representative ( <i>Cannot be the operator. Authorized representative must be operator's manager or designated overall responsible operator.</i> )	Date

<b>SECTION G OPERATING EXPERIENCE – PREVIOUS EMPLOYER</b>
<p>If available, please submit copies of former job descriptions with this application form. Alternatively provide a letter of reference verifying scope of responsibility and activities completed signed by a manager, supervisor or qualified co-worker that can verify the work completed.</p> <p><b>No previous operating experience with another employer. If previous employer does not apply, please proceed to Section I.</b></p>

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<p>List your major operational duties related to the certificate for which you are applying. Please note that only hands-on operational experience can be considered. If more space is required, please attach extra sheets to application submission.</p>	
<p>List the names of the facilities in which you operated. Please include facility classification and level (e.g. WT2) if known</p>	
<p>Did you operate on a full-time basis? <span style="margin-left: 150px;">Yes</span> <span style="margin-left: 100px;">No</span></p> <p>If "No" what percentage (%) of the working time, did you spend Operating (i.e. performing the above listed duties)?</p>	
<p>Valid Operating Experience</p> <p>Start Date _____ End Date _____ Total Years / Months _____ / _____.</p>	
<p>If valid experience was not continuous, please explain.</p>	
<p>Name of Authorized Representative (<i>Cannot be the operator. Authorized representative must be operator's manager or designated overall responsible operator.</i>)</p>	
Phone Number	Fax Number
Email Address	
Signature of Authorized Representative	Date

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SECTION H DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE – PREVIOUS EMPLOYER	
<b>Valid DRC Operating Experience</b>	
Start Date _____ End Date _____ Total Years / Months _____ / _____.	
Signature of Authorized Representative ( <i>Cannot be the operator.</i> Authorized representative must be operator's manager or designated overall responsible operator).	Date

SECTION I POST-HIGH SCHOOL EDUCATION				
<b>A copy of diploma or transcript must be submitted with this application form. Do not submit the original.</b> If more space is needed, please copy section and attach to application.				
<b>College or University Education is not applicable.</b>		<b>If checked, please proceed to Section J</b>		
Name of College / University	Diploma / Degree	Number of Years Completed	Graduated Yes/No	Graduation Year

SECTION J HIGH SCHOOL EDUCATION	
<b>A copy of diploma or transcript must be submitted with this application form. Do not submit the original.</b>	
High School Attended: _____	Highest Grade Completed _____ or Graduated 12
General Educational Development (GED)	Level Achieved _____ (i.e. GED 10 or GED 12)

SECTION K CONTINUING EDUCATION AND TRAINING
<p><b>List all courses, conferences, seminars, etc. that you have successfully completed that are related to water/wastewater only.</b> Copies of certificates of successful completion must be provided for each course listed. Do not submit originals. Do not submit exam mark letters or copies of exam mark letters.</p> <p><b>If additional space is needed, please copy the following page (7) and attach to application submission.</b></p> <p><b>ALTERNATIVELY:</b> Applicants that have this information in a different format (ie word document, spreadsheet, etc) please ensure all components listed below (title, provider, date, approved CEUs or agenda) are included and attach with application.</p> <p><b>Please check if attachments provided.</b></p>



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<b>For Conservation Staff Use Only:</b>			
Digital Image Enclosed: <input type="checkbox"/>	Examination Verified <input type="checkbox"/>	Reviewed by:	
New Application <input type="checkbox"/>	Re-Classification <input type="checkbox"/>		
Payment Rec'd:	# of Applications ____.	Cheque \$_____.	Company
Operator #	File #		