

STATE OF VERMONT
 Agency of Natural Resources
 Department of Environmental Conservation
 Watershed Management Division
 Wastewater Operator Certification
 One National Life Drive, Main 2
 Montpelier VT 05620-3522

/FOR OFFICE

|USE ONLY

|Received:

|Application ID: _____

|Paid By: _____

|\$125.00 Check #: _____

APPLICATION FOR WASTEWATER OPERATOR CERTIFICATION

INSTRUCTIONS:

1. Read carefully all instructions and questions before beginning to fill out this application. Incomplete or improperly prepared applications will be returned. A Statement of Application form must be signed and attached.
2. Mail the *original signed* application and **\$125.00 application fee** (check or money order payable to *State of Vermont*) to the address in the top left corner of this form.
3. Attach copy of college degree and transcript, if applicable.
4. For additional information contact Jill Draper at jill.draper@vermont.gov or at 802-490-6118.

GENERAL:

1.	Name (in full)	
2.	Mailing Address	
3.	Date of Birth	Telephone No.
4.	E-mail Address (Exam announcements are sent by e-mail.)	
Check the grade and type for which you are applying. Check Provisional, if no experience. GRADE: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V PROVISIONAL? <input type="checkbox"/> check if applicable TYPE: <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial Dairy <input type="checkbox"/> Industrial Metal <input type="checkbox"/> Industrial Paper REQUEST FOR RECIPROCITY? <input type="checkbox"/> YES, complete Other Licensing (page 3) <input type="checkbox"/> NO Are you or your spouse a member of the US Armed Forces? (3 V.S.A. §123(g)(3)): <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION AND TRAINING

1. Schools Attended:

	Highest Grade Complete	Date of Graduation	Location of School
Elementary			

High School	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.		

College	Degree:	Course of Study:	

Attach copy of college transcript and degree, if applicable to wastewater field.

2. List other educational courses completed such as vocational school, correspondence, armed forces specialized courses, wastewater treatment short courses, business school, etc. Give dates, names and duration of course, name of school or sponsoring organization. You should be prepared to furnish completion certificates and grades.

CURRENT EMPLOYMENT:

1. Name of Wastewater Treatment Facility or Company:
2. Give title and brief description of your present position:
Chief Operator Assistant Chief Operator Operator
Brief Description:
Supervisor's Name and Title:
3. Date first employed as wastewater operator:

EXPERIENCE

1. List in detail all positions you have held in the past 10 years. First list treatment plant experience, then other. **If no prior treatment plant experience – Write NONE.**

a. Treatment Plant Experience (attach sheets if necessary)

Dates		Location of Plant	Type	Capacity	Years in Responsible Charge	Years As Operator
From	To					

b. Other Experience (attach sheets as necessary)

Dates	Employer and Location	Describe Duties

OTHER LICENSING

Do you hold a valid wastewater operator certification or license from another state or agency?
 Yes No If yes, attach a copy of your current certificate.

Please indicate state, agency, department, and provide a copy of the rules under which you are certified.

If so, what is the grade and date of issuance?

REFERENCES

Give names and addresses of at least two persons, not relatives, who have knowledge of your character, experience and ability.

1.
2.
3.
4.

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I further agree to abide by the provisions of the Wastewater Operator Certification Program of the Vermont Department of Environmental Conservation.

(Date)

(Applicant Signature)

(WWTF Telephone)

BE SURE ALL SECTIONS ARE SIGNED!

The applicant will be a Chief Operator
 Assistant Chief Operator
 Operator
 Other(specify)

The applicant is hereby endorsed for the certification and training programs by:

(Date)

(Municipal Official or Facility Owner)

(Telephone)

PRINT SIGNATURE NAME HERE: ->

WWTF or Company Name:
WWTF Mailing Address:
City, State, Zip:
WWTF Phone Number: (802) -

Vermont Department of Environmental Conservation

STATEMENT OF APPLICANT

The Vermont Department of Environmental Conservation (DEC) as a licensing authority is responsible for ensuring that applicants for new and renewal license certify as to their status with regard to child support, taxes, unemployment compensation and unpaid judgments.

CHILD SUPPORT:

Child Support Orders (15 V.S.A. §795) as of the date of this application: **(you must check one)**

- I am not subject to a child support order; OR
 I am subject to a child support order and am in good standing* or in full compliance with a plan to pay
 I am not in good standing* or in full compliance with a plan to pay.**

TAXES:

Tax Compliance (32 V.S.A. §3113) as of the date of this application: **(you must check one)**

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
 No taxes are due and payable and all required returns have been filed; OR
 The liability for any taxes due and payable is on appeal; OR
 I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
 I am not in good standing* or in full compliance with a plan to pay.**

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378) as of the date of this application: **(you must check one)**

- This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR
 No contribution or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
 I am not in good standing* or in full compliance with a plan to pay.**

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid judgments (4 V.S.A. §1110) as of the date of this application: **(you must check one)**

- I do not have any unpaid judgments.
 I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.
 I am not in good standing.*

* "Good standing" is defined by various laws cited above. For more information, refer to the statute.

** You may request a finding that requiring immediate payment would impose an unreasonable hardship.

I certify that all information contained in this application is true and accurate to the best of my knowledge.
The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both. (13 V.S.A. §2901)

Signature of Applicant

Date of Application

Printed Name of Applicant

Applicant Date of Birth