APPLICATION FOR OPERATOR CERTIFICATION EXAM

INSTRUCTIONS TO APPLICANTS:

Application must be received by the Secretary at least TWO WEEKS BEFORE THE EXAM DATE. One exam per application. This application is for exams only - NOT classes. Fax application to 773-5286 or mail application and check to:

Rob Kittay-Secretary
Board of Operator Certification
523 East Capitol-Foss Building
Pierre, SD 57501-3181

Each application must be accompanied by a check or money order for $10.00 made out to “DENR”. Fees will not be returned to an applicant who fails an exam. If you fax application, please submit fee prior to exam date through the mail. Operator Certification Web Site - http://denr.sd.gov/des/dw/opcertqa.aspx

GENERAL INFORMATION (Print legibly and fill out completely):

1. Name ____________________________________________
   Last                           First                         Middle

2. Home Mailing Address ____________________________________________

3. Water System Name(s)/EPA ID # and/or Wastewater System Name(s)

4. Phone ___________________________ Fax ___________________________

5. Email Address ________________________________________________

6. Exam Date ___________________________ Location ___________________________

   Exam Category                                               Exam Level
   (Check only one)                                            (Check only one)
   ☐ Water Treatment                                           ☐ I
   ☐ Water Distribution                                         ☐ II
   ☐ Wastewater Treatment                                      ☐ III
   ☐ Wastewater Collection                                     ☐ IV
   ☐ Small Water Treatment                                     ☐
   ☐ Small WW System/                                          ☐
     Stabilization Pond                                        ☐

Applicants will receive a confirmation upon receipt of this application by the Secretary. There are education /experience requirements to take exams. If you would desire to receive class information, please contact the SD Association of Rural Water Systems at 605-336-7219.

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<tr>
<th>Oper #</th>
<th>Exam #</th>
<th>Score</th>
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<tbody>
<tr>
<td>Cert Date</td>
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<td>Cash</td>
<td>Check</td>
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DENR Use Only
EDUCATION AND TRAINING
Are you a high school graduate? Check one. Yes ☐ No ☐ GED ☐ If no, year completed ________________

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<thead>
<tr>
<th>College/Vo-tech Name</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Date Graduated</th>
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List other educational courses completed such as correspondence school, operators’ short courses, etc. Give date, name, and location of such courses.

WATER/WASTEWATER OPERATION EXPERIENCE

Present Position Title ___________________________ Date Employed _______________________

Supervisor Name and Title ___________________________

Describe in detail your daily duties as related to the exam for which you are applying (Be Specific!)

List other job experience which you feel will pertain to your certification qualifications.

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<tr>
<th>Dates</th>
<th>Employer Name/Location</th>
<th>Specific Job Duties Related to Exam Applied For</th>
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I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given is true and complete. I certify that I will not disclose the content, whether specifically or in general, of exam taken. I certify that no exam materials will be taken from the exam room and that all exam materials will be returned at the conclusion of the exam.

Signature ______________________________________ Date _______________________

Supervisor Signature ___________________________ Date _______________________

05/2009
INSTRUCTIONS FOR COMPLETING APPLICATION FOR OPERATOR CERTIFICATION EXAM

An application must be completed each time an exam is taken. Type or write legibly. All blanks must be completed as this is the only information that is used to determine if you are eligible to take an exam. If you are taking more than one exam, you must complete additional applications.

**Water/Wastewater System** - Please indicate the name of ALL water and/or wastewater system that you work for. For water systems, also indicate their EPA ID #.

**Exam Date and Location** - Please consult an exam schedule for dates and locations where exams are to be given.

**Exam to be Taken** - You may check only one exam category AND one exam level. If you are going to take more than one exam, a separate application must be completed for each exam to be taken.

**Describe in detail your daily duties as related to the exam for which you are applying** - Give an accurate and complete description of the job duties that you perform at your water or wastewater system. If you are taking a water treatment exam, you must describe specific water treatment job duties. For example, do not say “I am a water treatment operator”; but do indicate “I operate and maintain chlorinator and fluoridator, five wells, and filtration plant for the City of Minneapolis. I take water samples, perform lab tests, order chemicals, flush water mains and hydrants, exercise valves, and measure on-site chlorine/fluoride levels.” Attach additional sheets as necessary.

You and your supervisor must sign and date the application. If you are a volunteer worker for a housing association, the president of the association could be your supervisor. Unless you own the system, you do have a supervisor.

You may fax your application to 605-773-5286 to be sure that your application is submitted by the two-week deadline. After faxing an application, you must submit the fee (all exams are $10.00) by mail before the exam date. Fees may NOT be paid on-site. After your application is received, a confirmation will be sent to the address on the application approximately ten days before the exam date. If you do not receive a confirmation, you need to call Rob Kittay at 605-773-4208.

No cell phones will be allowed in exam room.

Calculators must be simple calculators-no PDA’s, laptop computers, cell phone calculators, etc.