



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR
Division of Environmental Quality

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APPLICATION FOR WATER OPERATOR
CERTIFICATION BY EXAM
OR COMITY

Table with 2 columns: DEQ Use Only, and rows for Type/Level, Aprvd By, Paid/Recpt.

Instructions:

- 1. Complete the application by filling in: General Information, Application Type, Education, Work Experience, and Signature.
2. Return the application to DEQ with copies of diplomas or transcripts that verify the highest level of education listed on the application and with copies of employment verification if you are currently employed as a water treatment/distribution operator.
3. If you are applying for certification through examination, make an appointment to take the exam with the Test Administrator in the Safe Drinking Water Program, then pay the application fee of \$15 and the exam fee of \$45 for each exam applied for on this application.
4. If you are applying for certification through comity (already certified in another jurisdiction), provide copies of your certification credentials. Only pay the application fee of \$15.

General Information

Name: Last First Middle Initial
Address: Mailing Address City State Zip Code
Work Phone: Fax Phone: Home Phone:
Email:
Do you have a valid operator certificate from U.S. State, Territory, or Possession? YES NO
If yes, give type(s) and level(s):
What is your current title? (Supervising operator of system, operator, lab tech, etc.)

WATER Application Type

Check the appropriate box for the application type(s) and level you are applying for.

Table with 3 columns: Application Type, Level, Office Use Only. Rows for Water Treatment and Water Distribution.

State in chronological order the name of each college, university or technical school you attended, the time spent at each and if a graduate, the year of graduation. Submit transcripts of all education entered here. Use a separate sheet if necessary.

Name and Address of Institution	Date Attended	Date of Graduation	List Major or Degree

Education

Do you have a High School Diploma or GED? YES NO

Name of High School or GED granting organization? _____

Work Experience

List your experience in water or waste water treatment, water distribution, or waste water collection, the type of treatment plant or population size of distribution or collection system.

Present Employment

Job Title: _____ Start Date: _____ End Date _____ System Name: _____ System Owner: _____ Supervisor: _____ Phone Number: _____	Job Duties/System Description _____ _____ _____ Treatment Plant; Describe treatment: _____ _____ _____ Distribution Collection: Approx. size of population served by system _____
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Job Title: _____ Start Date: _____ End Date _____ System Name: _____	Job Duties/System Description _____ _____ _____ Treatment Plant; Describe treatment: _____ _____
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System Owner: _____	Distribution Collection: Approx. size of population served by system
Supervisor: _____	
Phone Number: _____	

Job Title: _____ Start Date: _____ End Date _____ System Name: _____ System Owner: _____ Supervisor: _____ Phone Number: _____	Job Duties/System Description
	Treatment Plant; Describe treatment:
	Distribution Collection: Approx. size of population served by system

Job Title: _____ Start Date: _____ End Date _____ System Name: _____ System Owner: _____ Supervisor: _____ Phone Number: _____	Job Duties/System Description
	Treatment Plant; Describe treatment:
	Distribution Collection: Approx. size of population served by system

Signature of Applicant

I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Director or his representative for the purpose of issuance a certificate of competency for the class of operator's certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission or revocation of any certificate granted. I further consent to a thorough investigation by the Director or his representative of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Applicant's Signature

Date

DO NOT WRITE IN THIS SPACE

GW Treatment Years _____

SW Treatment Years _____

WW Treatment Years _____

Distribution Years _____

Collection Years _____

Certificate Approved for: _____

Approved

Disapproved

Examination Grade _____

Level _____

Expiration _____

Certificate No.: _____