



Eli D. Cabrera  
Administrator

Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR  
Bureau of Environmental and Coastal Quality

Division of Environmental Quality  
P.O. Box 501304 C.K., Saipan, MP 96950  
Tel.: (670) 664-8500; Fax: (670) 664-8540  
www.deq.gov.mp



Zabrina S. Cruz  
Director, DEQ

**APPLICATION FOR WATER OPERATOR  
CERTIFICATION BY EXAM OR COMITY**

| DEQ Use Only |  |
|--------------|--|
| Type/Level   |  |
| Aprvd By     |  |
| Paid/Receipt |  |

**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 \$51 for each exam applied for on this application. If you are applying to take more than one exam on this application, then only one application and application fee is required. If you do not pass an exam and you want to take it again at a later date (after 90 days), then a new application and application fee is required. [1 exam \$15 + \$51 = **\$66**; 2 exams \$15 + (2 x \$51) = **\$117**]
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: _____  |   |                       |                 |
| <i>Last</i>  | <i>First</i>  | <i>Middle Initial</i> |                 |
| Address: _____   |   |                       |                 |
| <i>Mailing Address</i>   | <i>City</i>   | <i>State</i>          | <i>Zip Code</i> |
| Work Phone: _____  | Fax Phone: _____  | Home Phone: _____     |                 |
| Email: _____   |   |                       |                 |
| Do you have a valid operator certificate from U.S. State, Territory, or Possession? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |                       |                 |
| 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.  |   |                       |                 |
| Application Type   | Level   | Office Use Only       |                 |
| <b>Water Treatment</b>   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                       |                 |
|  | <input type="checkbox"/> Operator –In-Training (OIT)  |                       |                 |
| <b>Water Distribution</b>  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                       |                 |
|  | <input type="checkbox"/> Operator –In-Training (OIT)  |                       |                 |

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

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

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

|                     |  |
|---------------------|--|
| Job Title: _____    | Job Duties/System Description  |
| Start Date: _____   |  |
| End Date _____      |  |
| System Name: _____  | Treatment Plant; Describe treatment:                                 |
| System Owner: _____ |  |
| Supervisor: _____   |  |
| Phone Number: _____ | 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.: \_\_\_\_\_