

DO NOT WRITE IN THIS SPACE

TEST DATE: _____ SCORE: _____	APPROVED FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/> APPROVED BY: _____ DATE: _____
CERT TYPE: _____ CERT #: _____ EXP: _____	CK/M.O. #: _____ RECEIPT #: _____ AMOUNT: _____ DATE RECEIVED: _____

STATE OF NEVADA
BUREAU OF SAFE DRINKING WATER
APPLICATION FOR WATER TREATMENT / DISTRIBUTION
OPERATOR CERTIFICATE

INSTRUCTION FOR APPLICANTS

- Experience in operations include duties and responsibilities as assigned by the public water system and the grade classification of the public water system.
- **NO BLANKS** – if the question does not pertain to you, mark it as ‘N/A’. Incomplete applications may be returned.
- All fees and experience verification must accompany this application.
- Submit the appropriate fee for EACH certification applying for.
- Make all checks payable to the **BUREAU OF SAFE DRINKING WATER**. If using e-payment, please use the link to **“Pay an Invoice or Recurring Fee,”** and then **“Safe Drinking Water, Operator Certification.”** **Put your name in the Permit Number location,** and **your Operator ID number in the Invoice Number area.**

Mail to:
NDEP BUREAU OF SAFE DRINKING WATER
901 SOUTH STEWART STREET, SUITE 4001
CARSON CITY, NEVADA 89701

- Questions or comments should be directed to: **BUREAU OF SAFE DRINKING WATER**
- **Attention: Duncan Wright @ 775-687-9527 or dawright@ndep.nv.gov**

Test Location Desired: (Please Circle One) Battle Mountain, Dayton, Elko, Ely, Hawthorne, Las Vegas, North Las Vegas, Reno, West Wendover, Winnemucca, or at Conference.

Certificate Type Requested (Check one): Treatment or Distribution **Grade Level** (Check one): 1 2 3 4

(Check one) **Full** (\$84) _____ **Reciprocity (CA/NV AWWA)** (\$57) _____ **Reciprocity (other state)** (\$57) _____

Operator In Training (OIT)(\$57) _____ **Convert Operator In Training to Full** (\$30) _____

PUBLIC WATER SYSTEM, NAME, and ID NUMBER: _____

Print your name clearly as you wish it to appear on your certificate: _____

Mailing Address: _____
Number Street Apt. Number

City State Postal (Zip) Code

Telephone: (____) _____ (____) _____ (____) _____
HOME WORK CELL EMAIL ADDRESS

NOTE: YOU MUST CHECK THE YES OR NO BOX BELOW OR YOUR APPLICATION MAY BE DENIED!

Yes **No** **Have you ever been in violation of any of the provisions contained in Nevada Administrative Code 445A.646? If yes, please explain on an attached sheet. (Click on [NAC 445A.646](#) or visit our website at: www.ndep.nv.gov/bsdw. Click on “Regulations”, then NAC Water Controls and scroll down to NAC 445A.646 – “Denial of Application...:Grounds”)**

PLEASE PRINT NAME: _____

Please List Your Water System Experiences

WATER SYSTEM EXPERIENCE (USE ADDITIONAL PAPER IF NECESSARY)			
WATER SYSTEM NAME:		YOUR TITLE:	
LOCATION:		MAJOR ACTIVITIES:	% of time
LENGTH OF EXPERIENCE		1.	
Total:	From:	To:	2.
			3.
			4.
			5.

WATER SYSTEM EXPERIENCE (USE ADDITIONAL PAPER IF NECESSARY)			
WATER SYSTEM NAME:		YOUR TITLE:	
LOCATION:		MAJOR ACTIVITIES:	% of time
LENGTH OF EXPERIENCE		1.	
Total:	From:	To:	2.
			3.
			4.
			5.

EDUCATION

List below the name of the school, City, and State in which you attended.	Years attended	Date graduated	Subjects studied or degree earned.
High School :			
College:			
Trade, Business Correspondence:			

Provide completed college level courses that may be substituted for experience (school/course/credit) _____

List all current operator certificate(s) held: _____

I have carefully read the application instructions. I understand that my fee is **NON-REFUNDABLE** and is **NON-TRANSFERABLE**. It may be at the discretion of the administrator(s) that my qualifications are insufficient for the grade of the certificate for which I have applied.

Signature: _____ Date: _____
Must be original signature, not a photo copy Must be original signature date

PLEASE KEEP A COPY OF YOUR SUBMITTED DOCUMENTS FOR FUTURE REFERENCE.

COMPLETED APPLICATION(S) AND FEE(S) MUST BE RECEIVED BY THIS OFFICE AT LEAST FORTY-FIVE (45) DAYS PRIOR TO TEST DATE. APPLICATION AND FEES WILL NOT BE ACCEPTED AT THE TIME OF THE EXAM. NO EXCEPTIONS.

NO other versions of this application will be accepted AFTER April 1, 2010. Please update your records with this version and discard all others. Thank you.

FOR CERTIFICATION GRADES 3 AND 4, COMPLETE NEXT PAGE.

PLEASE PRINT NAME: _____

ADDITIONAL APPLICATION AREA: FOR CERTIFICATION GRADES 3 AND 4 ONLY

Attach a complete organizational chart for your agency or company, and indicate your position on the chart. A current job description, for this position as issued by your employer, must also be provided. Give at least three references that know your abilities, and operator experience.

NAME	ADDRESS	JOB TITLE AND TELEPHONE NUMBER

Drinking Water Related College Level or IACET (International Association of Continuing Education & Training) Approved Training:

Grade 3 (2 Postsecondary – 36 Hours Each)

Grade 4 (4 Postsecondary – 36 Hours Each)

Grade Number	Name of Training Course	Number of Completed Hours	Date of Completion (Attach Certification)