

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

INSTRUCTION FOR APPLICANTS

- Applications and FAQs can be found on NDEP BSDW's website at: <https://ndep.nv.gov/water/operator-certification/drinking-water/applications>

PLEASE CHECK THE FOLLOWING BEFORE SUBMITTING APPLICATION

- NO BLANKS** – If the question does not pertain to you, mark it as ‘N/A’ (Incomplete applications may not be accepted).
- Document experience in full detail.** Water System experience in operating is defined as having been actively engaged in the operation and maintenance activities of a water treatment or water distribution system (NAC 445A.6195).
 - Supervisor Signature or
 - If supervisor is unable to provide signature, a current job description and time of employment will need to be attached to application. Additionally, NDEP may contact Employer for verification of employment/duties.
- Ensure that all required documentation accompanies this application.
 - Grades 3 and 4 Test Applications – Post secondary education (Drinking water related College level or IACET (International Association of Continuing Education & Training) approved training, organizational chart for your agency/company indicating your position on the chart, and a current job description.
 - Reciprocity – Valid unexpired certificate for which reciprocity is requested. Grades 3 and 4 will also need to submit the following documents as listed above.
- Ensure all appropriate boxes are checked.
- Ensure application is signed and dated.
- Submit the appropriate fee for EACH certification applying for.**
 - Make all checks payable to the **BUREAU OF SAFE DRINKING WATER** or **BSDW**
 - IMPORTANT: If using e-payment**, please create your login using your personal information, not your Employer's at: <https://epayments.ndep.nv.gov/>. Please use the link to **“Pay an Invoice or Recurring Fee,”** and then **“Safe Drinking Water, Operator Certification.”** Please put your personal information in any area that asks for your Company's information, then the receipt will be in your name, and we will know who the fees are for. Applications still must be emailed, faxed, or completed online if using e-pay.
- Submitting application
 - If emailing, attach e-payment confirmation sheet, email to opcort@ndep.nv.gov
 - If faxing, please fax to 775-687-5699
 - If mailing,

Mail to:

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

- PLEASE KEEP A COPY OF YOUR SUBMITTED DOCUMENTS FOR FUTURE REFERENCE or if they get lost in the mail.**
- **For administrative questions, please contact Rachel Weingart at 775-687-9519 or rweingart@ndep.nv.gov**
- **For technical questions, please contact Max Sosa at 775-687-9527 or msosa@ndep.nv.gov**

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

TEST: Full (\$110) ___ Operator In Training (OIT) (\$100) ___ Conversion (OIT to Full) (\$35) ___ Reciprocity (\$140) ___

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

Option A:

Written Test Location Desired: (Please Specify Location) _____
(Options Available: Elko, Ely, Fallon, Hawthorne, LVVWD for Las Vegas, Minden, North Las Vegas, Reno, Winnemucca, or at NvRWA Conference)

Option B:

Computerized Test Location Desired: (Please Specify Location) _____
(Options Available: Elko, Las Vegas, or Reno – Additional \$69 fee will be required to be paid to PSI Services)

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 MOBILE EMAIL ADDRESS

Public Water System: _____
 Name PWS ID

Public Water System: _____
 (Attach more sheets if necessary) Name PWS ID

EDUCATION

Education	City & State	Years attended	Date graduated	Subjects studied or degree earned.
High School				
General Equivalency Diploma (GED):				
College:				
Trade, Business Correspondence:				

NOTE: YOU MUST CHECK THE YES OR NO BOX BELOW OR YOUR APPLICATION WILL 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. (Visit our website at: <https://ndep.nv.gov/water/drinking-water/new-water-systems/regulations>. Click on "State Regulations", then NAC Water Controls and scroll down to NAC 445A.646 – "Denial of Application: Grounds")

Yes **No** Do you have Military Service? If yes, Military Operating Specialty (MOS) # _____

List all **current** operator certificate(s) held: _____

Please indicate Full or OIT

PLEASE PRINT NAME: _____

Please List Your Water System Experiences (Present to oldest)

NAC 445A.6195 "Experience in operating" defined. (NRS 445A.860, 445A.880) "Experience in operating" means having been actively engaged in the operation and maintenance activities of a water treatment or water distribution system.

Water System Experience (Attach additional pages, If necessary)		
WATER SYSTEM NAME:		YOUR TITLE:
LOCATION:	List/Describe Water System Duties (be specific)	% of time
LENGTH OF EXPERIENCE	1.	
Total: From: To:	2.	
	3.	
	4.	
	5.	
	Total Percent (must equal 100%)	
Supervisor Name:		Supervisor Number:
Supervisor Signature/Date:		
<i>I confirm that the experience listed on the application conforms to the definition and intent of actual drinking water distribution or treatment, and the applicant's duties were performed in a satisfactory manner. I am aware that there are significant penalties for attesting to false information.</i>		
*If supervisor is unable to provide signature, a current job description and time of employment will need to be attached to application. Additionally, NDEP may contact Employer for verification of employment/duties.		

Water System Experience (Attach additional pages, If necessary)		
WATER SYSTEM NAME:		YOUR TITLE:
LOCATION:	List/Describe Water System Duties (be specific)	% of time
LENGTH OF EXPERIENCE	1.	
Total: From: To:	2.	
	3.	
	4.	
	5.	
	Total Percent (must equal 100%)	

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. I certify that the information provided, including attachments, is true and accurate. If this information is found to be untrue or inaccurate, I am aware that my certification may be suspended or revoked.

Signature: _____ **Date:** _____
 APPLICANT DATE

COMPLETED APPLICATION(S) AND FEE(S) MUST BE RECEIVED BY THIS OFFICE AT LEAST FORTY-FIVE (45) DAYS PRIOR TO TEST DATE OR BY THE SPECIFIED DEADLINE ON THE NDEP WEBSITE. NO EXCEPTIONS. Contact BSDW if you need to cancel or postpone an exam. Proctors are not authorized to approve postponement.

PLEASE PRINT NAME (GRADES 3 AND 4 ONLY): _____

ADDITIONAL APPLICATION AREA: FOR CERTIFICATION GRADES 3 AND 4 ONLY

- Provide Drinking Water Related College Level or IACET (International Association of Continuing Education & Training) Approved courses (attach copy of transcript/certification)

Grade 3 (2 Postsecondary = 72 Hours minimum)

Grade 4 (4 Postsecondary = 144 Hours minimum)

Grade Number	Name of Postsecondary Course of Instruction	Number of Completed Hours	Date of Completion

- 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