STATE OF NEVADA NDEP - BUREAU OF SAFE DRINKING WATER

APPLICATION FOR WATER TREATMENT / DISTRIBUTION OPERATOR CERTIFICATE <u>INSTRUCTION FOR APPLICANTS</u>

• 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 –1). Post secondary education (Drinking water related College level or IACET (International Association of Continuing Education & Training) approved training, 2). Organizational chart for your agency/company indicating your position on the chart, 3). Detailed current job description. Reciprocity – Valid unexpired certificate for which reciprocity is requested. Grades 3 and 4 must also submit the documents 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 opcert@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					
CARSON CITY, NEVADA 89/01					

- □ 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 Carlos Quiroz-Aguilera at 775-687-9308 or cquiroz-aguilera@ndep.nv.gov

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

TEST: Full (\$120)Operator In 7	Training (OIT) (\$	5110) Convers	sion (OIT to Full)	(\$40) Reciprocity (\$150)					
Certificate Type Requested (Check	one): 🗆 Treatm	ent or 🗖 Distribu	tion Grade Leve	el (Check one): \Box 1 \Box 2 \Box 3	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:	- Ct								
Number	Street	Apt. Nu	mber						
City	State	Postal (Z	Zip) Code						
Telephone: ()	()	((MOBILE	EMAIL ADDRESS					
Public Water System:									
Public Water System:	me			PWS ID PWS ID					
EDUCATION									
Education	City & State	Years attended	Date graduated	Subjects studied or degree ear	ned.				
High School									
General Equivalency Diploma (GED):									
College:									
Trade, Business Correspondence:									
WOTE: YOU MUST CHECK THE YES OR NO BOX BELOW OR YOUR APPLICATION WILL BE DENIED! Yes Y 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 Y 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:		
NAC 445A.6195 "Experience in	ar Water System Experiences (Present to oldest) a operating" defined. (NRS 445A.860, 445A.880) "Experience ged in the operation and maintenance activities of a water treatm distribution system.	e in operating" nent or water
Water Syste	em Experience (Attach additional pages, If necessary)	
WATER SYSTEM NAME:	YOUR TITLE:	
LOCATION:	List/Describe Water System Duties (be specific)	% of tim
LENGTH OF EXPERIENCE	1.	
Total: From: To:	2.	
	3.	
	4.	
	5.	
	Total Percent (must equal 100%)	
Supervisor Name:	Supervisor Number:	
Supervisor Signature/Date:		
*If supervisor is unable to provide signature, a current job Employer for verification of employment/duties.	r. I am aware that there are significant penalties for attesting to false information. description and time of employment will need to be attached to application. Additionall or Experience (Attach additional pages If pages are)	y, NDEP may contact
WATER SYSTEM NAME:	em Experience (Attach additional pages, If necessary) YOUR TITLE:	
LOCATION:	List/Describe Water System Duties (be specific)	% of tim
LENGTH OF EXPERIENCE	1.	70 OI till
Total: From: To:	2.	
10tai. 170iii. 10.	3.	
	4.	
	5.	
	Total Percent (must equal 100%)	
	Total Fercent (must equal 10070)	
TRANSFERABLE . It may be at the d grade of the certificate for which I hav true and accurate. If this information	istructions. I understand that my fee is NON-REFUNDAB liscretion of the administrator(s) that my qualifications are in a specific applied. I certify that the information provided, including is found to be untrue or inaccurate, I am aware that my certain suspended or revoked.	insufficient for the gattachments, is
Signature:APPLICAN	Date: D	ATE
COMPLETED APPLICATION(S) AND FEDAYS PRIOR TO TEST DATE OR BY THE	EE(S) MUST BE RECEIVED BY THIS OFFICE AT LEAST FOR THE SPECIFIED DEADLINE ON THE NDEP WEBSITE. NO Description of the second suppose an exam. Proctors are not authorized to approve postpone.	ORTY-FIVE (45) EXCEPTIONS.

PΙ	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 Postseco	ondary 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 cur	rent job description, for this	s position as issued by your employer	, must also be prov	rided.							
Gi	ve at least	three references that know	your abilities, and operator experienc	e.								
		NAME	ADDRESS	JOB TITLE AND TELEPHONE NUMBER								
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