

STATE OF NEVADA NDEP - 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 –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

- 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 Training (OIT) (\$110) ___ Conversion (OIT to Full) (\$40) ___ Reciprocity (\$150) ___

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, 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!

Y 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")

Y 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 (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 |
|--------------|---|---------------------------|--------------------|
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- 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 |
|------|---------|--------------------------------|
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