

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 includes the 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/training 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 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 information, then the receipt will be in your name and we will know who the fees are for. Applications must be emailed or faxed if using e-pay. Applications can be printed from: http://ndep.nv.gov/bsdw/cert_home.htm.
- Only send application ONCE! Keep a copy. If emailing, attach epay confirmation sheet, email to opcrt@ndep.nv.gov
- If faxing, please fax to 775-687-5699

Mail to:

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

- For technical questions, please contact Max Sosa at 775-687-9527 or msosa@ndep.nv.gov
- For administrative questions, please contact Rachel Weingart at 775-687-9519 or rweingart@ndep.nv.gov

Test Location Desired: (Please Choose One) _____ <i>(Options Available: Dayton, Elko, Ely, Fallon, Hawthorne, LVVWD for Las Vegas, North LV, Reno, Winnemucca, or at NvRWA Conference)</i>			
Certificate Type Requested (Check one): <input type="checkbox"/> Treatment or <input type="checkbox"/> Distribution Grade Level (Check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
TEST: Full (\$84) _____ or Operator In Training (OIT) (\$57) _____			
RECIPROCITY (\$57) _____			
CONVERT Operator In Training to Full (\$30) _____ Supv. name & number: _____			
If employed: PUBLIC WATER SYSTEM NAME: _____			
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 (ATTACH ADDITIONAL PAGES, IF NECESSARY)			
WATER SYSTEM NAME:		YOUR TITLE:	
LOCATION:		MAJOR DUTIES/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 DUTIES/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 : (City & State are mandatory)			
College:			
Trade, Business Correspondence:			

Provide completed college level courses that may be substituted for experience (school/course/attach copy of transcript)

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

Active Military? Yes No MOS # _____

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:** _____
 APPLICANT DATE

PLEASE KEEP A COPY OF YOUR SUBMITTED DOCUMENTS FOR FUTURE REFERENCE or if they get lost in the mail. 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.

Contact BSDW if you need to cancel or postpone an exam. Proctors are not authorized to approve postponement.

Please update your records with this application version and discard all others. Thank you.

FOR CERTIFICATION GRADES 3 AND 4, COMPLETE NEXT PAGE.

(For Grades 3 and 4 Only)

PLEASE PRINT NAME LEGIBLY: _____

**ADDITIONAL APPLICATION AREA: FOR CERTIFICATION GRADES 3 AND 4 ONLY
REQUIRED:**

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)

To add required attachments please click here →