



**Environment,
Labour and Justice**
Environment Division

***Application for Operator Certification
Water and Wastewater Facilities***

Pursuant to Section 5(1) of the *Environmental Protection Act* Water and Wastewater Facility Operating Regulations

Personal information on this form is collected under Section 5(1) of the *Environmental Protection Act* Water and Wastewater Facility Operating Regulations and will be used for the purpose of operator certification. If you have any questions about this collection of personal information, you may contact the Approvals & Regulatory Compliance Engineer, Drinking Water, Land and Systems Protection, Department of Environment, Labour and Justice, 11 Kent St., PE , C1A 7N8 (902-368-5036).

NAME: _____

ADDRESS: _____
 _____ POSTAL CODE _____

HOME PHONE NUMBER: _____

E MAIL ADDRESS: _____ (if applicable)

PRESENT EMPLOYER: _____

FACILITY: _____

POSITION TITLE: _____

SUPERVISOR: _____

WORK ADDRESS: _____

WORK PHONE NUMBER: _____ FAX NUMBER: _____

CELLULAR PHONE NUMBER: _____ (if applicable)

PRESENT LEVEL OF CERTIFICATE HELD
 (I, II, III, or IV) Please Provide Operator Certificate Numbers

WWT:	WWC:	WD:	None:
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CERTIFICATION LEVEL EXAM REQUESTED
 (I, II, III, or IV)

WWT:	WWC:	WD:
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The application fee of \$50.00 must accompany the application

Make the cheque payable to: **Minister of Finance, Energy and Municipal Affairs**

Application mailing address: **Department of Environment, Labour and Justice
 P.O. Box 2000
 Charlottetown PE C1A 7N8**

RELATED EXPERIENCE PREVIOUS TO PRESENT POSITION

EMPLOYER: _____

FACILITY: _____ POSITION TITLE: _____

SUPERVISOR: _____

EMPLOYMENT PERIOD: FROM: _____ / _____ / _____ TO: _____ / _____ / _____
day / month / year day / month / year

DUTIES: (includes hours per day spent operating utilities)

WWT: _____

WWC: _____

WD: _____

EMPLOYER: _____

FACILITY: _____ POSITION TITLE: _____

SUPERVISOR: _____

EMPLOYMENT PERIOD: FROM: _____ / _____ / _____ TO: _____ / _____ / _____
day / month / year day / month / year

DUTIES: (includes hours per day spent operating utilities)

WWT: _____

WWC: _____

WD: _____

NOTE: If required, attach sheet with additional information

(PLEASE PROVIDE PROOF OF PREVIOUS EXPERIENCE)

SUMMARY OF EXPERIENCE TO PRESENT POSITION

PRESENT POSITION: _____

DUTIES: (include hours per day spent operating utilities) Full Time (Yes/No): _____
Hours per day: _____

FACILITY: _____

CLASSIFICATION:
WWT: _____
WWC: _____
WD: _____

WWT: _____

WWC: _____

WD: _____

NOTE: If required, attach sheet with additional information

EMPLOYMENT PERIOD: FROM: _____ / _____ / _____ TO: _____ / _____ / _____
day / month / year day / month / year

DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE

FACILITY: _____

CLASSIFICATION: WWT: _____
WWC: _____
WD: _____

DRC PERIOD STARTED FROM: _____ / _____ / _____ TO: _____ / _____ / _____
day / month / year day / month / year

NOTE: THIS SECTION MUST BE COMPLETED

Signature Applicant: _____ Date: _____

Signature Supervisor: _____ Date: _____

I agree to allow the Department of Environment, Energy and Forestry to disclose the results (Pass/Fail) of the examination(s) to my respective employers. Please check the appropriate box.

- Agree
- Do not agree

Signature of Applicant: _____