



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Application for Certification as a Class K (Industrial) Wastewater Treatment Works Operator

Instructions

1. Application must be typewritten or printed legibly. This application may be completed manually or online using Adobe Reader, a copy of it saved locally, printed, and signed before it is submitted to:

Illinois Environmental Protection Agency
Wastewater Operator Certification Program
BOW/DWPC/CAS #19
2520 West Iles Avenue
P.O. Box 19276
Springfield, IL 62794-9276

Applications that are emailed or faxed to the Illinois EPA will not be accepted. Applications must have original signatures.

2. Complete all sections of the application or it will be returned. *Applicants for the general Class K-WR certification do not need to fill out the Industrial Wastewater Works Information section.*
3. You MUST select BOTH a First Choice and Second Choice for requested exam date and location.
4. **Job duties must be SPECIFIC to INDUSTRIAL WASTEWATER TREATMENT OR PRETREATMENT OPERATIONS.**
5. Your supervisor MUST review the information in your application **AND** verify that it is true and accurate. Your supervisor MUST fill out, sign and date the verification section of the application or it will be returned.
6. You, the applicant, MUST sign and date the application or it will be returned.
7. There are currently NO FEES associated with the Wastewater Operator Certification Program.
8. Please keep a copy of your completed application for your records.
9. For questions about, or assistance with, filling out this application, please call: (217) 782-9720



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Class K Certification Requested (Check One):

- ☐ **Facility-specific Class K Industrial Site** - A Class K certificate for a specific industrial site is only valid for the specific industrial wastewater treatment works or pretreatment works for which it has been issued.
- ☐ **General Class K-WR for Water Remediation Systems** - A Class K-WR certificate for water remediation systems is valid for all industrial wastewater treatment works or pretreatment works designed to remediate petroleum contamination from gasoline, diesel fuel, kerosene, jet fuel, or heating oil.

Requested Exam Date: First Choice: _____ Second Choice: _____

Requested Exam Location: First Choice: _____ Second Choice: _____

You MUST fill in BOTH a First and Second Choice for Exam Date and Location

Applicant Information

Please read carefully and complete ALL items
Type or Print Legibly

☐ Mr. ☐ Ms.

Last Name: _____ First Name: _____ Middle Initial: _____

Operator ID # (if known): _____ or Last 4 Digits of Social Security #: _____

Home Address

Street Address: _____ P.O. Box: _____ County: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #(with area code): _____ Home Phone #(with area code): _____

FAX # (with area code): _____ Work Phone #(with area code): _____

Home Email Address: _____

Work Email Address: _____ Date of Birth: _____

Education

Lack of completion of high school or GED **will prevent** certification as a Class K operator.

1. Can you read and write English? ☐ Yes ☐ No
2. Are you a high school graduate? ☐ Yes Year Graduated: _____ ☐ No
- If No, have you obtained a GED certificate? ☐ Yes Year Obtained: _____ ☐ No

Current Industrial Wastewater Operator Experience

If you are applying for the general Class K-WR certification, leave this section blank and go to the Certification History.

Current Employment - Complete the following section as it relates to your current industrial wastewater operations employment. **Your specific job duties and responsibilities as an industrial wastewater treatment works or pre-treatment works operator must be described in detail. Failure to specifically describe your job duties as a hands-on industrial wastewater operator will result in your application being returned.**

Name of Facility Where You Are Currently Employed: _____

Facility Address: _____ NPDES Number: _____

City: _____ State: _____ Zip Code: _____

Phone (w/area code): _____ Start Date of Employment at this Facility: _____

Your Job Title: _____ Number of Hrs/Wk You Work: _____

Employment Information ☐ Full Time (30 hours or more/week) ☐ Part Time (less than 30 hours/week)

☐ Contractual # of Hours Worked Contractually/Week: _____

Name of Supervisor (Person To Whom You Report): _____

Do you have a wastewater contract approved by the Illinois EPA? ☐ Yes ☐ No

Industrial Wastewater Operator Job Duties (**BE SPECIFIC**):(the box below will expand as needed)

Certification History

Complete the information below for ALL Illinois certifications received from ANY certifying authority (the box below will expand as needed).

	<u>YES</u>	<u>NO</u>
1. Have you ever obtained or attempted to obtain a Certification of Technical Competency by fraud or deceit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever demonstrated gross negligence or gross misconduct in the operation and/or maintenance of any wastewater treatment works?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever falsified, or willfully failed to maintain, or willfully not submitted, any records or reports required by the Environmental Protection Act?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever willfully violated the Illinois Environmental Protection Act or any rules adopted under the Act?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of terrorism, making a terrorist threat, or causing a catastrophe?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a final judgment in a civil action, or a conviction in a criminal action, determined that you, the applicant, have performed any of the act listed above?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been denied certification for any of the above reasons? Please explain all "Yes" responses for Items 1 - 7 (the box below will expand as needed)	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you presently hold any certifications? ☐ Yes ☐ No
If yes, please provide the following information for all certifications presently held:

Certification Level	Date Certified	Issued By	Program Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Have you ever had a certification sanctioned (revoked, suspended, or placed on probation)? ☐ Yes ☐ No
If yes, please provide the following information for each sanctioned certificate:

Certification Level	Date Certified	Sanctioning Body	Sanction Date	Length of Sanction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signatures

MUST BE COMPLETED AND SIGNED BY BOTH SUPERVISOR AND APPLICANT OR APPLICATION WILL BE RETURNED
SUPERVISOR VERIFICATION AND SIGNATURE - Supervisor **MUST** review the information in this application **AND** verify that it is true and accurate. Supervisor **MUST** fill out, sign, and date this verification section of the application or it will be returned.

I hereby certify that _____ is directly involved in the operation and/or
(Applicant Name)
maintenance of the _____ industrial wastewater treatment or pretreatment works.
(Name of Industrial Wastewater Treatment Works)

The applicant has worked in this capacity as an Industrial Wastewater Operator: From: _____ To: _____
(Date) (Date)

I hereby certify that I have reviewed this application and find that the information provided by the applicant is true and accurate to the best of my ability. **I also verify with my initials that I have read and understand the legal statement below.**

Supervisor's Signature

Phone Number (w/area code)

Date

APPLICANT SIGNATURE Applicant **MUST** sign and date this verification section of the application or the application will be returned.

I hereby certify that I have reviewed this application and find that the information provided by the applicant is true and accurate to the best of my ability. **I also verify with my initials that I have read and understand the legal statement below.**

Applicant's Signature

Date

Supervisor's Initials:

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)). Falsification of any information in this application by either party, applicant or supervisor, will disqualify the application and be grounds for sanctions of current certificates held by either party (35 Ill. Adm. Code, Subtitle C, Chapter II, Part 380, Section 380.515(b)).

Applicant's Initials:

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h)). Falsification of any information in this application by either party, applicant or supervisor, will disqualify the application and be grounds for sanctions of current certificates held by either party (35 Ill. Adm. Code, Subtitle C, Chapter II, Part 380, Section 380.515(b)).