



STATE OF ILLINOIS
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF WATER

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR CERTIFICATION AS
AN INDUSTRIAL WASTEWATER OPERATOR – CLASS K/CLASS R**

1.	If you have not taken the wastewater operator examination of competency and received a passing grade (70% or higher), STOP - DO NOT complete or submit this application. If you do not have a passing score on the wastewater operator examination of competency, your application will be denied.
2.	If you have not yet passed the wastewater operator examination for the classification level you are applying for, you should first submit an Examination Request for Wastewater Operator Certification form. After submittal of this form, you will receive a Letter of Admission with instructions on scheduling your exam. Wastewater operator forms can be found at: https://www2.illinois.gov/epa/topics/forms/water-forms/Pages/wastewater-operator.aspx
3.	Carefully read and complete all items. Incomplete applications will be denied.
4.	Applications not signed and initialed by the applicant and supervisor will be denied.
5.	Details regarding the requirements of wastewater operator certification can be found in 35 Ill. Adm. Code 380.
6.	Return completed application to: Illinois Environmental Protection Agency Operator Certification/BOW/CAS #19 2520 West Iles Avenue P.O. Box 19276, Springfield, IL 62794-9276
7.	Do not call to inquire about the status of your application if it has not been more than 90 days.
8.	Keep a copy of your completed application for your records.
9.	For assistance, please call (217) 785-0561.



STATE OF ILLINOIS
 ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 BUREAU OF WATER
APPLICATION FOR CERTIFICATION AS A CLASS K OR R WASTEWATER OPERATOR

INSTRUCTIONS TO APPLICANT

APPLICATIONS SUBMITTED BEFORE APPLICANT HAS PASSED EXAMINATION OF COMPETENCY WILL BE DENIED

GENERAL (PRINT LEGIBLY OR TYPE)

MR.	MS.	FIRST NAME	MIDDLE INITIAL	LAST NAME	
HOME ADDRESS (STREET OR P.O. BOX)			CITY	STATE	ZIP
COUNTY		DATE OF BIRTH	E-MAIL ADDRESS		
DAYTIME TELEPHONE NUMBER (WITH AREA CODE)		HOME TELEPHONE NUMBER (WITH AREA CODE)	OPERATOR ID (IF KNOWN)		

CERTIFICATION INFORMATION

SELECT LEVEL OF CERTIFICATION SOUGHT (CIRCLE ONLY ONE):				K	R
CURRENTLY HELD CERTIFICATIONS	ISSUED BY:	DATE CERTIFIED	EXPIRATION DATE		

GENERAL QUESTIONS (CHECK APPROPRIATE YES/NO BOX)

	YES	NO
Have you ever obtained or attempted to obtain a Certification of Technical competency by fraud or deceit?		
Have you ever demonstrated gross negligence or gross misconduct in the operation and/or maintenance of any wastewater treatment works?		
Have you ever falsified, or willfully failed to maintain, or willfully not submitted, any records or reports required by the Environmental Protection Act?		
Have you ever willfully violated the Illinois Environmental Protection Act or any rule adopted under the Act?		
Have you ever been convicted of terrorism, making a terrorist threat, or causing a catastrophe?		
Has a final judgement in a civil action, or a conviction in a criminal action, determined that you, the applicant, have performed any of the acts listed above?		
Have you ever had a certification sanctioned (revoked, suspended, or placed on probation)?		
Have you ever been denied certification for any of the above reasons? Please explain any "yes" responses for the question above:		

DECLARATIONS OF ELIGIBILITY (CHECK APPROPRIATE YES/NO BOX)

	YES	NO
I am able to read and write English.		

EDUCATION

HIGH SCHOOL DIPLOMA	YES	NO	GED	YES	NO	NA	YEAR RECEIVED:
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CURRENT INDUSTRIAL WASTEWATER OPERATOR EXPERIENCE

Complete the following as it relates to your current industrial wastewater operations employment for which you are seeking certification.

NAME OF FACILITY	NPDES NUMBER	TELEPHONE
EMPLOYER'S ADDRESS	CITY, STATE, ZIP CODE	
HOURS WORKED PER WEEK	JOB POSITION/TITLE	START DATE
SUPERVISOR'S NAME, TITLE		
SUPERVISOR'S CERTIFICATION LEVEL (IF APPLICABLE)		SUPERVISOR'S TELEPHONE

INDUSTRIAL WASTEWATER OPERATOR JOB DUTIES (BE SPECIFIC)

SIGNATURES

*****READ CAREFULLY BEFORE SIGNING*****

MUST BE COMPLETED AND SIGNED BY BOTH SUPERVISOR AND APPLICANT OR APPLICATION WILL BE RETURNED.

SUPERVISOR VERIFICATION AND SIGNATURE:

I hereby certify that _____ is directly involved in the operation and/or maintenance of the
(Applicant Name)
_____ industrial wastewater treatment or pretreatment works. The applicant has worked in
(Name of industrial wastewater treatment works)

this capacity as an industrial wastewater operator From: _____ to present.
(date) (date)

I hereby certify that I have reviewed this application in its entirety and find 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.

SIGNATURE OF SUPERVISOR:	DATE:
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APPLICANT VERIFICATION AND SIGNATURE:

I hereby certify that I have reviewed this application and find the information provided to be 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.

SIGNATURE OF APPLICANT:	DATE:
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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 IAC, Subtitle C, Part 380, Section 380/.515(b)).

_____ **SUPERVISOR'S INITIAL'S**

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_____ **APPLICANT'S INITIAL'S**