



# Iowa Operator Certification Exam Application Water Treatment, Water Distribution, Wastewater

Iowa Department of Natural Resources, 502 E 9<sup>th</sup> St, Des Moines IA 50319

Program Contact: Phone: (515) 664-8553 | Fax (515) 725-0348

Email: [Laurie.Sharp@dnr.iowa.gov](mailto:Laurie.Sharp@dnr.iowa.gov)

### CASHIERS USE ONLY

Dist-  
0253-542-OC08-0441  
Treatment-  
0253-542-OC08-0442  
WW Treatment-  
0253-542-OC08-0599  
Lagoon-  
0253-542-OC08-0443  
Operator ID  
Name

### Type or Print Legibly

Name (Last, First, Middle Initial): \_\_\_\_\_

Home Address (Street, PO Box): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Operator ID #: \_\_\_\_\_

If not currently certified, SSN required: \_\_\_\_\_

Important: If Social Security Number is not given, application will be returned unprocessed.

### I am applying for the following exam(s). (Check the appropriate exam level.)

Water Distribution  1  2  3  4    Wastewater Treatment  1  2  3  4  
Water Treatment  1  2  3  4    Wastewater Lagoon  1  2

### Exam Scheduling

Exams are available electronically at DNR Field Offices by appointment. You will receive a phone call to schedule your exam appointment.

### Exam Location Preference: (Check One)

Manchester     Mason City     Spencer  
 Atlantic     Des Moines     Washington

Each separate exam requires a \$30 processing fee. Make check or money order payable to Iowa Department of Natural Resources and mail the check and application to the following address:

Iowa DNR  
Operator Certification  
502 E 9<sup>th</sup> St  
Des Moines, IA 50319

### General Information

- Incomplete or illegible applications will be returned unprocessed.
- If you are eligible upon receipt of your application, the application remains valid for one year from process date.
- All applications are subject to audit.

I hereby certify that this application contains no willful misrepresentations of falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of: **Iowa Department of Natural Resources**

Signature in Ink

Date

**EDUCATION**

Do you have a high school diploma or GED?  Yes  No

Name and Location of Post Secondary School	Field of Study	Type of Degree Obtained

Note: A copy of transcripts must be attached for Post Secondary credit.

Continuing Education Courses (Not Previously Submitted to DNR)

Title & Location of Training	Dates	# of CEUs Awarded

**Very Important Information for Completing the Employment Record on Page 3**

List your water or wastewater treatment work experience in detail beginning with your present or most current employment and continuing in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, please list and describe them separately.

REMEMBER: The information you provide in "Duties" is used to determine your eligibility to take the examination. You must describe your job in great detail so that we can fairly and accurately evaluate your employment history. If you are a lab technician, mechanic, or electrician who worked in a treatment plant and was involved in some operation activities, specify the percentage of time involved in plant operation.

"Operator in Charge" mean person or persons on-site directly responsible for a plant or distribution system.

"Direct Responsible Charge" means, where shift operation is not required, accountability for and performance of active, daily, on-site operation of the plant, or of a major segment of a plant. Where shift operation is required, "direct responsible charge" (DRC) for operators means accountability for and performance of active, daily, on-site operation of an operating shift, or a major segment of the plant.

A city manager, superintendent of public works, city clerk, council member, business manager, or other administrative official is not deemed to have direct responsible charge of a system of facility or to be the operator in charge of a system or facility unless their duties include the active, daily on-site operation of the system or facility. (On-site operation may not necessarily mean full-time attendance at the plant or distribution system.)

**PUBLIC NONDISCRIMINATION**

Federal and State law prohibit discrimination on the basis of age, color, creed, mental and/or physical disability, gender identity, national origin, pregnancy, race, religion, sex, or sexual orientation. If you believe you have been discriminated against in any program, activity or facility as described above, or if you desire further information, please contact the Iowa Civil Rights Commission at 1-800-457-4416 or DNR's Civil Rights Coordinators at [civilrights@dnr.iowa.gov](mailto:civilrights@dnr.iowa.gov).

**EMPLOYMENT RECORD**

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_ **DNR Notes**  
**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Type of System:** \_\_\_\_\_ **Grade of Plant:** \_\_\_\_\_  
**Hire Date: (MM/YY)** \_\_\_\_\_ **to** \_\_\_\_\_ **Hours Per Week:** \_\_\_\_\_  
**Duties: (Be specific)** \_\_\_\_\_

**Grade 4 Applicants Only: Were you in Direct Responsible Charge?**  Yes  No **How many years?** \_\_\_\_\_  
**To whom did you report?** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Type of System:** \_\_\_\_\_ **Grade of Plant:** \_\_\_\_\_  
**Hire Date: (MM/YY)** \_\_\_\_\_ **to** \_\_\_\_\_ **Hours Per Week:** \_\_\_\_\_  
**Duties: (Be specific)** \_\_\_\_\_

**Grade 4 Applicants Only: Were you in Direct Responsible Charge?**  Yes  No **How many years?** \_\_\_\_\_  
**To whom did you report?** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Type of System:** \_\_\_\_\_ **Grade of Plant:** \_\_\_\_\_  
**Hire Date: (MM/YY)** \_\_\_\_\_ **to** \_\_\_\_\_ **Hours Per Week:** \_\_\_\_\_  
**Duties: (Be specific)** \_\_\_\_\_

**Grade 4 Applicants Only: Were you in Direct Responsible Charge?**  Yes  No **How many years?** \_\_\_\_\_  
**To whom did you report?** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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If you need more room for your employment history, please add a sheet.

**DNR Use Only**

**Eligible for the following exam(s):**

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**Not eligible for the following exam(s):**

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**Reason for Eligibility or Ineligibility:  
Experience:**

**Education:**

**DRC (Grade 4 Only)**

**Verified:**

**Other Notes:**

**Evaluated By:** \_\_\_\_\_ **Date:** \_\_\_\_\_