



Iowa Operator Certification Exam Application

Water Treatment, Water Distribution, Wastewater

Iowa Department of Natural Resources 401 SW 7th St. Ste. M. Des Moines IA 50309

Exam Information: **Phone # 515 / 725-0463 Fax #: 515 / 725-0348**

E-mail: jane.enfield@dnr.iowa.gov

Type or Print Legibly

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Home Address: _____ (Street Number and Name) _____ (PO Box Number)

_____ (City) _____ (State) _____ (Zip)

Phone: _____ (Home) _____ (Work)

Email: _____ (Cell)

Operator ID Number: _____

If not currently certified, Social Security Number required: _____ - _____ - _____

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

I am applying for the following exam(s). (Circle 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 IDNR Field Offices by appointment. You will receive a phone call to schedule your exam appointment.

Exam Location Preference: (Circle 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
PO Box 14573
Des Moines, IA 50306-3573

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? Circle the appropriate response. 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 IDNR)

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” means 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.)

EMPLOYMENT RECORD

Job Title _____ Supervisor _____ **DNR Notes:**
Employer _____
City _____ State _____
Type of System _____ Grade of Plant _____
Hire Date: (Month, Year) _____ To _____ Hours Per Week: _____

Duties: (Be Specific) _____

Grade 4 Applicants Only: Were you in Direct Responsible Charge? _____ How many years? _____
To whom did you report? _____
(Name) Phone Number

Job Title _____ Supervisor _____ **DNR Notes:**
Employer _____
City _____ State _____
Type of System _____ Grade of Plant _____
Hire Date: (Month, Year) _____ To _____ Hours Per Week: _____

Duties: (Be Specific) _____

Grade 4 Applicants Only: Were you in Direct Responsible Charge? _____ How many years? _____
To whom did you report? _____
(Name) Phone Number

Job Title _____ Supervisor _____ **DNR Notes:**
Employer _____
City _____ State _____
Type of System _____ Grade of Plant _____
Hire Date: (Month, Year) _____ To _____ Hours Per Week: _____

Duties: (Be Specific) _____

Grade 4 Applicants Only: Were you in Direct Responsible Charge? _____ How many years? _____
To whom did you report? _____
(Name) Phone Number

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

IDNR Use Only

Eligible for the following exam(s): _____

Not eligible for the following exam(s): _____

Reasons for Eligibility or Ineligibility:

Experience:

Education:

DRC (Grade 4 Only)

Verified:

Other Notes:

Evaluated By: _____ **Date:** _____