



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

Iowa Department of Natural Resources  
6200 Park Ave Ste 200 Des Moines IA 50321  
Program Contact: Phone: (515) 664-8553 | Fax (515) 725-8201  
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**CASHIERS USE ONLY**  
Dist-  
0253-542-OC08-0441  
Treatment-  
0253-542-OC08-0442  
WW Treatment-  
0253-542-OC08-0599  
Lagoon-  
0253-542-OC08-0443  
**Name**

## 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)

**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

### General Instructions:

- Incomplete or illegible application will be returned unprocessed,
- All applications are subject to audit.

### 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  
6200 Park Ave Ste 200  
Des Moines IA 50321

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**

**Current Certification**

Certificate Held	Grade/Level of Certificate	Issued by What State	Date Issued

**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**

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.)

**EMPLOYMENT RECORD**

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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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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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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)

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

**DNR Use Only**

**Reciprocity Granted for the following:** \_\_\_\_\_

\_\_\_\_\_

**Eligible for Iowa Exam:** \_\_\_\_\_

**Notes:**

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