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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Application for wastewater  certification examination  Wastewater Operator Certification Program  Doc Type: Certification Application |

|  |  |
| --- | --- |
| **MPCA use only** | |
| App check ID |  |
| App check # |  |
| Check amt |  |
| PM date |  |
| Deposit |  |
| Invoice |  |
|  | Approve  Deny |
| Exam results |  |
| Issue date |  |
| Exp date |  |
| Certificate # |  |
|  |  |

**Note: Before completing this form, please read Tennessen warning on page 2.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Exam date (mm/dd/yyyy): | | |  | | Exam location: | |  |
| Have you taken this exam before? | | | | | | Yes  No | |
| If Yes, previous date (mm/dd/yyyy): | | | |  | | | |
| Previous location: | |  | | | | | |

## Instructions (Read instructions carefully before completing application)

To be eligible to take a certification exam, you must have hands-on wastewater facility operations experience. Exam application fees are **nonrefundable** even if you are found to be ineligible. Eligibility requirements are listed on the Minnesota Pollution Control Agency (MPCA) website at <http://www.pca.state.mn.us/publications/wq-wwtp8-13.pdf>. If you have questions about your eligibility, contact Tracy Finch at 651-757-2103.

Type or print **neatly** in blue or black ink.

1. Complete both sides of this application, sign, and date it.
2. Make checks payable to **Minnesota Pollution Control Agency** or complete the *Credit card authorization* form attached.
3. This application fee **must** be included or application will be returned.
4. Applications must be postmarked at least 15 days before the exam date.
5. Incomplete applications will be returned.
6. Read the Tennessean Warning about your rights and information you submit.

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| **Mail completed form to:** | **Attn: Fiscal Services – 6th floor**  Tracy Finch – Certification and Training Unit  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, Minnesota 55155-4194 |

## Select only one examination below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Wastewater facility operator** | **Collection system operator** | **Land application of biosolids** | **Spray irrigation of wastewater** |
| $55 Class A\* | $55 Class SA\* | $15 Type 4 Biosolids operator | $15 Type 5 Spray operator |
| $55 Class B | $55 Class SB | $15 Type 4 Biosolids inspector\*\* | $15 Type 5 Spray inspector\*\* |
| $55 Class C | $55 Class SC |  |  |
| $55 Class D | $55 Class SD |  |  |

**\* Class A or SA applicants must attach a current position description and work organization chart or chain-of-command flow chart.**

**\*\* Type 4 or 5 inspector applicants must attach a list of at least ten inspections completed in the presence of a certified inspector and the inspector’s name.**

General information(This application form must be correctly filled out and **all** questions must be answered in full.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name: | | |  | | | | First name: |  | | | | | Middle name/Initial: | | | | | |  | |
| Designated mailing address: | | | | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: | | |  | | | Zip: | | | | |  |
| Current employer: | | | |  | | | | | Work phone or cell phone: | | | | |  | | | | | | |
| Email: | |  | | | | | | Home phone: | | |  | | | | | Fax: | |  | | |
| Wastewater certificate number: | | | | | |  | | | | Expiration date (mm/dd/yyyy): | | | | | | |  | | | |
| Under certain conditions, the MPCA will provide special exam testing accommodations. You will be required to fill out a special accommodations form provided to you by Tracy Finch upon request. Please provide information of exam accommodations needed: | | | | | | | | | | | | | | | | | | | | |

## Educational background

High school - check highest grade completed:  6  7  8  9  10  11  12  GED

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| --- | --- | --- | --- | --- | --- |
| School: |  | Location: |  | Date (mm/dd/yyyy): |  |

Trade School, College, or University – check years completed:  1  2  3  4  5  6

*(If you are substituting education for part of the experience requirement, you* ***must*** *submit an official transcript.)*

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| --- | --- | --- | --- | --- |
| **Name of school** | **Location** | **Major** | **Credits semester/qtr** | **Certificate/Degree year** |
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## Workexperience*(List your current employer first. Attach additional sheets if needed using the same format.) Please fill in all the blanks and boxes for each employer listed.*

For each employer: **1) List the wastewater operation tasks you performed, and**  
**2) List the average number of hours per week performing these tasks**.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** Employer/Facility: | | | |  | | | |  | **Length of experience:** | | | |
| Facility location: | |  | | | | | |  | Hours per week: | | |  |
| Position: |  | | | | Facility Class: | |  |  | From: | |  | |
| Supervisor name: | | |  | | Phone: |  | |  | (mm/dd/yyyy) | | | |
| Operational tasks: | | |  | | | | |  | To: |  | | |
|  | | | | | | | |  | (mm/dd/yy) | | | |
|  | | | | | | | |  |  | | | |

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| **2)** Employer/Facility: | | | |  | | | |  | **Length of experience:** | | |
| Facility location: | |  | | | | | |  | Hours per week: | |  |
| Position: |  | | | | Facility Class: | |  |  | From: |  | |
| Supervisor name: | | |  | | Phone: |  | |  | (mm/dd/yyyy) | | |
| Operational tasks: | | |  | | | | |  | To: |  | |
|  | | | | | | | |  | (mm/dd/yy) | | |
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| **3)** Employer/Facility: | | | |  | | | |  | **Length of experience:** | | | |
| Facility location: | |  | | | | | |  | Hours per week: | | |  |
| Position: |  | | | | Facility Class: | |  |  | From: | |  | |
| Supervisor name: | | |  | | Phone: |  | |  | (mm/dd/yyyy) | | | |
| Operational tasks: | | |  | | | | |  | To: |  | | |
|  | | | | | | | |  | (mm/dd/yy) | | | |
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**Tennessen warning:** Pursuant to Minn. Stat. § 13.41, the information you provide on this application is classified as private data (except for your name and designated address) until the time you are licensed/certified. Once you are licensed/certified, all the information provided will be classified as public data and become part of the MPCA’s public file. If you are not licensed/certified, the information provided (except for your name and designated address) will continue to be classified as not public data. You are being asked to provide the requested information to assist the MPCA in processing your application. The MPCA will use the information when determining your qualifications for obtaining a license/certification. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to process your application. If you do not supply the requested information, it will be difficult for the MPCA to determine your qualifications for licenser/certification. While your application is pending, the not public data that you submitted will be available only to authorized personnel within the agency and to those authorized or required by law or court order. In such cases, it may then be shared with other agencies, including the Minnesota Department of Revenue, the Office of the Minnesota Attorney General and persons contacted for purposes of verification or investigation. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your credentials after it is issued.

**I declare that all information provided is true and complete. I hereby acknowledge that I have read and understand the information above.**

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| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

Certification and Training Unit

Certification Examination Rules & Violation Consequences

Exam Rules and Academic Honesty

1. The Minnesota Pollution Control Agency (MPCA) training staff and exam proctors will provide instructions before the exam begins.
2. Those seeking certification from the MPCA are subject to Minnesota Rules, Chapter 7000.0300 DUTY OF CANDOR:  
   *In all formal or informal negotiations, communications, proceedings, and other dealings between any person and any member, employee, or agent of the board or commissioner, it shall be the duty of each person and each member, employee, or agent of the board or commissioner to act in good faith and with complete truthfulness, accuracy, disclosure, and candor.*
3. You must not participate in the unauthorized or improper use of information, materials, or practices in the preparation for or taking of this exam.
4. You must not use programmable calculators, cell phones, or any other unauthorized devices.
5. You must not copy the answers of others.
6. You must not talk, text, or share information with any other test takers.
7. You must not photograph, replicate, or remove any portion of the exam in any manner.
8. You must ask MPCA training staff or exam proctors if you have any questions about whether information, materials, practices, or devices are authorized.

Consequences

Failure to comply with examination rules and instructions:

1. Will result in the forfeiture of this exam, which means that it will not qualify you for certification.
2. May result in being prohibited from taking this or other certification exams in the future.
3. May result in the investigation and enforcement activities by MPCA staff.
4. May result in civil liabilities connected to the damages caused by your behavior.
5. Violations of this agreement/certification, or duty of candor, are subject to actions including but not limited to, exam invalidation, license revocation, license sanction, and/or individual investigation under the authorities contained in   
   Minn. Stat. §115.75, subd. 4, §144.99 and Minn. R. 9400.0350.

**I hereby certify that:**

* I will follow all examination instructions and rules and accept full responsibility for the consequences if I am found to have violated any of these requirements.

|  |  |  |  |  |
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| Signature: |  |  | Date: |  |

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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Credit card authorization  Wastewater Operator Certification Program |

**Instructions:** You may complete this form electronically; then print and mail or fax it with your payment.   
Do **not** email it as an attachment with credit card information.

|  |  |  |
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| **Send to:** | **Training registration:** | **Examination and certification applications:** |
|  | Annaliza Heesch – 3rd floor  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, Minnesota 55155-4194  651-757-2591 | Tracy Finch – 3rd floor  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, Minnesota 55155-4194  651-757-2103 |
| **Secure fax:** | 651-797-1385 |  |

## Credit card information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Visa  MasterCard | | | | | | Exact name on card: | |  | | | | | | | | | | |
| Card number: | | | |  | | | | | | 3-digit security code: | |  | | | Expiration date: | | |  |
| Address: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | State: |  | | | | Zip code: | |  |
| Phone number: | | | | |  | | | | Email address for receipt: | | | |  | | | | | |
| Name of person taking class/exam: | | | | | | |  | | | | | | | Date (mm/dd/yyyy): | | | |  |
| Signature: | | |  | | | | | | | | | | | | | | Amount: |  |

## Service fees

US Bank will be charging a separate service fee of 2.49% for all credit card transactions after August 2020. To avoid these service fees, you may submit your payment by mail to the Minnesota Pollution Control Agency (MPCA) at the address provided on your ***Application for wastewater certification examination*** form.

**Check here to agree to pay the separate nonrefundable service fee of 2.49% to US Bank. Credit card payments after August 2020 will not be processed if box is not checked.**