

RTCR LEVEL 2 ASSESSOR QUALIFICATION APPLICATION

Applicant Information			
Last Name:		First Name:	
Address:			
Water Purveyor:		PWS ID, System Name:	
PWS ID, System Name:		PWS ID, System Name:	
DSO Certification:		Expiration date:	
WTPO certification:		Expiration date:	

Work Experience Summary				
Water Purveyor	Job Title	From - month/year	To - month/year	Duration - years/months

If you have worked on more than one system, list the three largest systems. Each job listed in the summary requires a separate Work Experience Record. If you need additional Work Experience Record sheets, please duplicate the 2nd page. Resumes or job descriptions will be considered optional information and will not substitute for the Work Experience Record.

Work Experience Record
Work Experience (summarize your experience in your own words):
Water System Description (indicate type of treatments, for example, chlorination, granular activated carbon filtration) :

<input type="checkbox"/>	I understand the objectives and structure of the RTCR.
<input type="checkbox"/>	I understand the nature of coliforms and E. coli, and bacteriological sampling.
<input type="checkbox"/>	I have a working knowledge of water system operation.
<input type="checkbox"/>	I have a working knowledge of treatment operations.
<input type="checkbox"/>	I have a working knowledge of distribution system operations.

Certification: I certify that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.			
Print Name:		Title:	
Signature:		Date:	
Phone #:		Email:	

Work Experience Record				
Water Purveyor	Job Title	From - month/year	To - month/year	Duration - years/months
Work Experience (summarize your experience in your own words):				
Water System Description (indicate type of treatments, for example, chlorination, granular activated carbon filtration):				

Work Experience Record				
Water Purveyor	Job Title	From - month/year	To - month/year	Duration - years/months
Work Experience (summarize your experience in your own words):				
Water System Description (indicate type of treatments, for example, chlorination, granular activated carbon filtration):				

Please return this form to the SDWB at:
 Safe Drinking Water Branch, Compliance Section, 919 Ala Moana Blvd. #308, Honolulu, HI 96814