STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS

WATER TREATMENT PLANT OPERATOR (WTPO) CERTIFICATION APPLICATION

ту	pe of Application			
☐ Regular Certification Grade: ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ Temporary Certification Grade: ☐ 2 ☐ 3			
☐ Reciprocity Certification (current certificate requirements of Grade: ☐ 1 ☐ 2 ☐ 3 ☐ 4	red)			
☐ Provisional Certification Grade: ☐ 1 ☐ 2				
Ex	xam Information			
1/28/2025 (application due 10	0/28/2024) 4/22/2025 (application due 1/22/2025)			
Approximate Exam Date: 7/22/2025 (application due 4/2	22/2025)			
	olicant Information			
Last Name:	First Name: Middle Initial:			
Mailing Address:				
Email:				
Phone:				
PWS ID: Water System:				
Work Experience				
Summary of Water Treatment Plant operating exper	rience (most recent first):			
Water Purveyor Job Title	From To Duration (month/year) (month/year) (years/months)			
	Total Duration:			
Each job listed in the summary requires a separate	Work Experience Record. You may duplicate the Work			

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Experience Record on the last sheet of this form as needed. Resumes or job descriptions will not substitute for the Work Experience Record. Additional information may be placed on separate numbered sheets and attached to the

application.

Education

High School Attended:				
Location:	Highest Grade Completed:			
College, University, Graduate School or In-Service Training:				
Name & Address	Course or Major Field of Study	Number of Hours or Credits Semester Quarter	Degree, Diploma or Certificate	
		X		
Attach official copy of university or college transcripts for each institution attended, if you are using your college degree to reduce the amount of experience required.				
Certifying Signature				
I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to me under the provisions of Hawaii Administrative Rules, Section 11-25-9(a). I also consent to allow the Board to investigate and verify my employment record and other statements for the purpose of determining my qualifications for certification examination.				
Applicant Signature		Date		
Instructions				

Fee: Cashier's Check or Money Order payable to State of Hawaii. No personal checks accepted.

- Regular Certification Application \$30 & Exam Registration \$70 (separate)
- Reciprocity Certification Application \$30 & Certificate \$70 (separate)
- Provisional Certification Application \$30 & Certificate \$40 (separate)
- Temporary Certification Application \$30 & Certificate \$40 (separate)
- Operator-In-Training Application \$30 & Certificate \$40 (separate)

Due Date: Certification Application (\$30) & Exam Registration (\$70) must be received by 3 months before exam date.

Attachments (as required):

- Current out-of-state certificate with expiration date for Reciprocity Certification Application
- Work Experience Record(s) for all Certification Applications with Supervisor Signature
- Official copy of college transcripts if using college degree to reduce the amount of experience required

Submit

• by Mail to: Department of Health/Safe Drinking Water Branch

Uluakupu Building 4

2385 Waimano Home Road, Suite 110

Pearl City, HI 96782-1400

• by Email to: sdwb@doh.hawaii.gov (Fee & Certifying Signature must be received by due date.)

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Work Experience Record (each job requires a separate sheet)

Name:	Title:			
		Duration (years/months):		
Water Purveyor:		Phone:		
Purveyor's Address:				
•				
Supervisor Name & Title:				
Supervisor Name & Title: I certify that the applicant's work experience statement for this position is correct.				
Supervisor Signature		Date		
Operator Experience & Duties (Summarize your experience in your own words):				
Average hours/day spent performing	ng these duties:	Number of employees you supervise:		
Population served:	# of connections:	Daily water usage:		
	ridge filtration	s w/ diatomaceous earth filtration		

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