

# STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS

## WATER TREATMENT PLANT OPERATOR (WTPO) CERTIFICATION APPLICATION

### Type of Application

☐ Regular Certification

Grade: ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Temporary Certification

Grade: ☐ 2 ☐ 3

☐ Reciprocity Certification (current certificate required)

Grade: ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Operator-In-Training

☐ Provisional Certification

Grade: ☐ 1 ☐ 2

### Exam Information

Approximate  
Exam Date:

☐ 1/27/2026 (application due 10/27/2025)

☐ 4/28/2026 (application due 1/28/2026)

☐ 7/28/2026 (application due 4/28/2026)

☐ 10/27/2026 (application due 7/27/2026)

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

PWS ID: \_\_\_\_\_ Water System: \_\_\_\_\_

### Work Experience

Summary of Water Treatment Plant operating experience (most recent first):

Water Purveyor

Job Title

From  
(month/year)

To  
(month/year)

Duration  
(years/months)

Total Duration: \_\_\_\_\_

Each job listed in the summary requires a separate Work Experience Record. You may duplicate the Work 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		Degree, Diploma or Certificate
		Semester	Quarter	

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: [doh.dwopcert@doh.hawaii.gov](mailto:doh.dwopcert@doh.hawaii.gov) (Fee & Certifying Signature must be received by due date.)

**Work Experience Record (each job requires a separate sheet)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Duration (years/months): \_\_\_\_\_

Water Purveyor: \_\_\_\_\_ Phone: \_\_\_\_\_

Purveyor's Address: \_\_\_\_\_

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 these duties: \_\_\_\_\_ Number of employees you supervise: \_\_\_\_\_

Population served: \_\_\_\_\_ # of connections: \_\_\_\_\_ Daily water usage: \_\_\_\_\_

Treatment (check all that apply): ☐ Slow sand filtration ☐ Chlorination ☐ Fluoridation ☐ pH control  
☐ Corrosion control ☐ Granular activated carbon filtration ☐ Packed aeration towers ☐ Air stripping towers  
☐ Membrane filtration ☐ Cartridge filtration ☐ Distillation ☐ Electrodialysis ☐ Reverse osmosis  
☐ Diatomaceous earth filtration ☐ Package treatment plants w/ diatomaceous earth filtration ☐ Conventional treatment ☐ Direct filtration ☐ Package treatment plants w/ conventional treatment or direct filtration

Other Treatment: \_\_\_\_\_

Water System Complexity (Provide a brief description of the water system):