FORM 1

State of Hawaii Wastewater Operator Certification Examination Application – February 18, 2021
Application must be postmarked no later than: December 4, 2020

Mail to: Board of Certification of Operating Personnel Waste Water Branch 2827 Waimano Home Rd #207 Pearl City, HI 96782	**Office Use Only:** Date Received: _____ Amount Received: _____ Amount Due: _____ Total CEUs: _____ Comments: _____

INSTRUCTION SHEET ON COMPLETING THIS APPLICATION IS ATTACHED. BE SURE TO REVIEW THE CHECKLIST BELOW OF ITEMS TO BE SUBMITTED BEFORE MAILING.

Section A: Contact Information **[ ] Check here if your contact info has changed**

_____
Last Name First Name M.I.

_____
Mailing Address

_____
City State Zip Code Email

_____
Home Phone Work Phone Fax Number

Section B: Examination Information

1. Circle Grade(s). If requesting two examination levels, grade level(s) must be indicated. 1 2 3 4

2. Current License No.: _____ Issuance Date: _____

3. Examination Format: (Circle One) February Paper

4. Testing Location: (Circle One) Kauai – Moikeha #1 Conference Room, 2nd floor

5. Submit only a $25.00 **NON-REFUNDABLE** processing fee for each examination you are applying for. If you qualify for taking the examination, you will be notified to submit the required examination fee.
*Attach check or money order payable to the State of Hawaii. **CASH NOT ACCEPTED.**

Section C: 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, 11-61-5(d)(1).

I also consent to allowing the Board to investigate and verify my employment record and other statements for the purpose of determining qualification for certification examination.

Applicant Signature: _____ Date: _____

FORM 1

Section D: Work Experience

1. Plant Employment: List only your treatment plant operations experience. Each plant worked at must be listed separately. For each plant, list both the start and end dates and the Total Number of Hours worked excluding sick leave and vacation. Note: Experience as a plant worker, sewer maintenance crewmember, chemist, lab technician, plant engineer, or pumping station operator does not qualify as operator work experience to take the certification examination(s). One-year of full-time employment in the actual operation of a wastewater treatment plant shall be attained over a period of no less than 12 months and be at least 1,632 hours (no more than one year of work experience may be accumulated within a 12 consecutive month period). **Work experience will only be credited up to exam application deadline date.**

Operator Experience Name of Plant	Plant Type	Mo/Day/Year From/To	Total Hours

Total Hours: _____

Supplement to Work Experience: Complete Form 3&4 attached to this application.

2. Employer/DRC Employment Verification (Check one only):

   I have reviewed the above work experience and have verified the operating work experience and hours of employment of the applicant.

   I have reviewed the above and can verify only the following work experience items.

   _____

   _____

   _____

   I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine for knowing violations.

   Signature: _____
   (Present Employer or DRC)

   _____ Certificate No. _____
   Print Name Phone No. (if applicable)

Section E: Education and Training Courses

1. Name and location of high school attended: _____
   ***Attach copy of high school diploma**

2. University or college courses/degrees received: _____

   _____
   ***Attach official copy of college/university transcripts and diplomas.**

3. Pre-approved Continuing Educational Units (CEUs): (Please provide copy of certificate(s)).

Title of Course	**Date of Course**	**# of CEUs**

Section C: Supplement to Work Experience – Description of Experience

1. Types of physical and chemical tests you have performed as an operator.
   Check all appropriate item(s):

Gas Analyses	_____	Volatile Solids	_____
Nitrogen Series	_____	Total Solids	_____
Chlorine Residual	_____	Volatile Acids	_____
COD	_____	Alkalinity	_____
Settleable Solids	_____	Fixed Solids	_____
Phosphorus	_____	Settleability	_____
Dissolved Oxygen	_____	BOD	_____
pH	_____	Fecal Coliform	_____
Suspended Solids	_____	Other (specify)	_____

2. List the types of operational control parameters maintained or reviewed for process control.
   Check all appropriate item(s):

Wasting	_____	SVI	_____
CRT	_____	Sludge Age	_____
Settleability	_____	F/M Ratio	_____
Mass Balance	_____	Other (specify)	_____

3. List the type of records that you have maintained or requested and reviewed as part of comprehensive studies and evaluations.
   Check all appropriate item(s):

Power Consumption	_____	Repairs	_____
Water Consumption	_____	Laboratory	_____
Flow Data	_____	Raw Wastewater By-pass	_____
NPDES Permit Reports	_____	Power Failure	_____
Preventive Maintenance	_____	Storm Reports	_____
Overhauls	_____	Other (specify)	_____

4. Check the types of equipment and processes which you have operated or supervised operation.
   Check all appropriate item(s):

Screening/Comminution	_____	Secondary Clarifiers	_____
Grit Removal	_____	Trickling Filters	_____
Stand-By Power Equipment	_____	Activated Sludge	_____
Pumps	_____	Chemical Process	_____
Primary Clarifiers	_____	Biological Process	_____
Thickening	_____	Chemical Recovery	_____
Anaerobic Digestion	_____	Carbon Regeneration	_____
Aerobic Digestion	_____	On-Site Disinfectant Generation	_____
Mechanical Dewatering	_____	Ion Exchange	_____
Incineration	_____	Aerated Lagoon	_____
Sludge Drying Beds	_____	Oxidation Ditch	_____
Chlorination	_____	Stabilization Pond	_____
Dechlorination	_____	Ozonation	_____
Membrane Filtration	_____	Ultraviolet Disinfection	_____
Sand Filtration	_____	Odor Scrubbers (describe type)	_____
Rotating Biological Contractor	_____		

Section C: Supplement to Work Experience – Description of Experience

5. Give an example of you duties and responsibilities at each plant where you were employed. With each explanation, indicate the name of the treatment facility.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant Signature: _____ Date: _____

Important Notice: No refunds or credits will be given to applicants failing to submit a complete application or who miss taking the examination.

Checklist – Did you remember to include…
***Exam Application Processing Fee - $25.00 per grade level**
***Current address and phone number**
***Your signature and Date on 'Form 1' and 'Supplement to Work Experience'**
***Employment Verification, signed and dated by your Employer/DRC**
***Copy of High School Diploma or GED**
***Copy of college/university diploma and transcripts of courses completed**
***Copy of all training certificates and/or copy of certified Training Center transcript**

NOTE: If you are taking Computer Based Testing, the fee for each exam is $100. Please do not send payment to us.