

State of Hawaii Wastewater Operator Certification Paper Examination Application – August 20, 2026
Application must be postmarked no later than: June 12, 2026

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| 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: _____ |
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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 August Paper Computer-Based
 4. Testing Location: (Circle One) Oahu Big Island Maui Kauai
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: _____

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).

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)

Print Name

Phone No.

Certificate 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 | _____ | | |

