

**Board of Certification of Operating Personnel
In Wastewater Treatment Plants**

Temporary Certification Application

When completed, mail to: State Of Hawaii Waste Water Branch 2827 Waimano Home Rd #207 Pearl City, HI 96782	<u>Office Use Only:</u> Date Received: _____ Processing Fee: \$ _____ Date: _____ Date Approved: _____ Certificate Fee: \$ _____ Date: _____ Comments: _____
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Last Name (Please Print) First Name M.I.

Street Address City & State Zip Code

Home Ph Number Business Ph Number Email

Processing Fee: \$25.00. Please make check or money order payable to the State of Hawaii.

Name of Plant(s) _____ Class of Plant(s) _____

Check Grade Requested:	Grade 1	Grade 2	Grade 3	Grade 4
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Submit the following documentation:

- (A) A statement signed by the owners which designates the applicant as the operator in direct responsible charge and assures that the directing certified operator would fulfill his/her responsibilities as specified below.
- (B) A statement from the directing certified operator specifying in detail how he/she intends to fulfill each of the following responsibilities:
 1. Provide training to the applicant to assure that the applicant adequately operates and maintains the treatment facility and to prepare the applicant to sit for the certification examination.
 2. Provide standard operating procedures (SOP) enable the applicant to handle operational problems as well as day-to-day operations.
 3. Make site visitations to assure that the treatment facility is being properly operated and maintained by the applicant.
 4. Provide assistance to the applicant during emergencies and plant operations.
- (C) If the applicant is currently certified, submit copy of certificate. If not, complete information below.

Name of high school attended: _____

Location: _____ Highest Grade Completed: _____

Note: Incomplete applications, applications not accompanied by required attachments, and applications without the \$25.00 applicant fee will not be processed.

Applicant Signature: _____ Date: _____