



State of Louisiana  
Department of Health and Hospitals  
Center for Environmental Health Services

APPLICATION FOR OPERATOR CERTIFICATION EXAMS

1. PERSONAL DATA (please print or type) FILL IN COMPLETELY!

Full Name \_\_\_\_\_  
Last First Middle  
Social Security# or Operator ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Number Street City State ZIP  
Name of Employer \_\_\_\_\_ Parish \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Number Street City State ZIP  
Name of Plant(s) Water and/or Sewage \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Fax # \_\_\_\_\_

**Complete for All Exams: Exam Date \_\_\_\_\_ Location: \_\_\_\_\_**  
Location of 32 or 40 hr Operator Certification Review Course: \_\_\_\_\_ Date Course Attended: \_\_\_\_\_ No. \_\_\_\_\_  
Location of 32 or 40 hr Operator Certification Review Course: \_\_\_\_\_ Date Course Attended: \_\_\_\_\_ No. \_\_\_\_\_  
Location of 32 or 40 hr Operator Certification Review Course: \_\_\_\_\_ Date Course Attended: \_\_\_\_\_ No. \_\_\_\_\_  
Instructor or Training Agency: \_\_\_\_\_  
Mail to the attention of Jill Ruffin at DHH/OPH/Operator Certification P.O. Box 4489 Bin #10 Box #6 • Baton Rouge, Louisiana 70821-4489

2. EXAMINATIONS REQUESTED \* Examination Fees are \$5.00 per exam  
(CIRCLE EACH EXAM TO BE TAKEN)

- A. Class 1 Water Production      D. Class 2 Water Production      G. Class 3 Water Production      J. Class 4 Water Production
- B. Class 1 Water Distribution      E. Class 2 Water Distribution      H. Class 3 Water Distribution      K. Class 4 Water Distribution
- C. Class 1 Water Treatment      F. Class 2 Water Treatment      I. Class 3 Water Treatment      L. Class 4 Water Treatment
- M. Class 1 Wastewater Collection      O. Class 2 Wastewater Collection      Q. Class 3 Wastewater Collection      S. Class 4 Wastewater Collection
- N. Class 1 Wastewater Treatment      P. Class 2 Wastewater Treatment      R. Class 3 Wastewater Treatment      T. Class 4 Wastewater Treatment

3. CURRENT CERTIFICATIONS (Water and/or Wastewater) List all by class and type.

4. YEARS OF FORMAL EDUCATION: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
grade school high school college total years

- a. Did you receive a high school diploma or equivalent certificate (GED)? YES ( ) NO ( )
- b. Name and address of high school (include month/year diploma or GED received).

c. College or University (include name & location of college, dates attended (from-to), credit hours, degree received).

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: You must provide a copy of your degree and/or your transcripts.**

d. Other schools attended (include business, trade, military, etc.). Be sure to include name and address of each school, dates attended (month and year), type of course, and provide copies of diploma or certificates received and DD214. If no diploma or certificate, indicate whether or not you completed the course. Indicate total number of classroom hours for completed courses.

\_\_\_\_\_  
\_\_\_\_\_

**5. WATER AND/OR WASTEWATER WORK EXPERIENCE (start with Current Position):**

**EMPLOYMENT: CURRENT POSITION**

Date of employment (include month, day, and year) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to PRESENT

Type of Plant \_\_\_\_\_ Title of your position \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name and Title of immediate supervisor \_\_\_\_\_

Total hours worked per week \_\_\_\_\_

Number and Title of employees you supervised (use separate sheet if necessary) \_\_\_\_\_

Describe your water &/or wastewater work in detail including all positions held \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS POSITION/EMPLOYMENT** (include month, day, and year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Plant \_\_\_\_\_ Title of your position \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name and Title of immediate supervisor \_\_\_\_\_

Total hours worked per week \_\_\_\_\_

Number and Title of employees you supervised (use separate sheet if necessary) \_\_\_\_\_

Describe your water &/or wastewater work in detail including all positions held \_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing data is correct to the best of my knowledge, and in completion this application, do hereby agree to take the required examinations at the time and place designated by the Committee of Certification for Water and Sewerage Works Operators. Any false or erroneous information may be cause for disapproval of this application and/or loss of certification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Of Applicant's Supervisor