

**Rhode Island Department of Health  
Board of Certification of Drinking Water Operators**

<b>FOR OFFICE USE ONLY</b>
Received _____
Cert. Fee _____
Appl. No. _____
Cert. No. _____
Remarks _____

**Application for Operator Certification Exam**

1. Read all instructions and questions before filling out this application.
2. Please type or print (in ink) all answers.
3. Applications must be filled out completely. Answer each of the questions. If a question is not applicable, write NA. *Incomplete applications will be returned.*
4. Each application must be accompanied by a **CERTIFIED CHECK OR MONEY ORDER** for the amount of **\$30.50 payable to the Association of Boards of Certification.**
5. Send this application accompanied with a copy of any required transcripts to:

**Rhode Island Department of Health  
Office of Drinking Water Quality  
Three Capitol Hill  
Providence, R.I. 02908**

<p><b>Name:</b></p> <p>This is the name that will be printed on your License and reported to those that inquire about your License.</p> <p>Do not use nicknames, etc.</p>	<p>Name:</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr/Mrs/Dr.)</td> <td style="text-align: center; width: 30%;">First Name</td> <td style="text-align: center; width: 30%;">Last Name</td> <td style="text-align: center; width: 15%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)								
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<p><b>Social Security Number:</b></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p><b>Date of Birth:</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Month                      /                      Day                      /                      Year</p>												
<p><b>Place of Birth:</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">City                                      State                                      Country if not in US</p>												
<p><b>Residence Information:</b></p> <p>It is your responsibility to keep HEALTH apprised of all address and phone number changes.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>City, State, ZipCode _____</p> <p>Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>												



<p><b>Examination Information:</b></p>	<p>1. Grade of Examination you are applying for: <i>(Check one only)</i></p> <p>Distribution - <input type="checkbox"/> 1D <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/> 4D</p> <p>Treatment - <input type="checkbox"/> 1T <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T</p> <p>VSS – Very Small System <input type="checkbox"/></p> <p>2. Type of certification you are seeking*: <i>(Check one only)</i></p> <p><input type="checkbox"/> Full Certification</p> <p><input type="checkbox"/> Operator In Training Certification (class VSS, 1, 2, &amp; 3 only)</p> <p>*See section 8.0 of Regulations R23-65-DWQ</p>
<p><b>Experience:</b></p> <p>Furnish in following spaces a record showing in chronological order the different kinds of jobs you have had which involved drinking water treatment or distribution, starting with your present employment. Make additional copies of this page, as needed to list relevant employment.</p>	<p><b>I. Present Position:</b></p> <p>Title _____</p> <p>Date (when did this position begin) _____</p> <p>Employer's Name _____</p> <p>Address _____</p> <p>City/Town _____ State _____ Zip Code _____</p> <p>1. a. Are you an operator? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Grade(s) of license(s) held: _____</p> <p>If yes to #1, answer the following questions:</p> <p>c. What is the classification of the Public Water System?</p> <p>Distribution - <input type="checkbox"/> 1D <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/> 4D Treatment - <input type="checkbox"/> 1T <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T</p> <p>d. What is the Public Water System ID Number? _____</p> <p>e. How many years have you worked as an operator of this system? _____</p> <p>f. Do you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. List Duties and responsibilities: _____</p> <p>_____</p> <p>_____</p>

**II. Previous Position:**

Title \_\_\_\_\_

Date (when did this position begin) \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. a. Were you an operator?  Yes  No

b. Grade(s) of license(s) held: \_\_\_\_\_

If yes to #1, answer the following questions:

c. What is the classification of the Public Water System?

Distribution - 1D 2D 3D 4D      Treatment - 1T 2T 3T 4T

d. What is the Public Water System ID Number? \_\_\_\_\_

e. How many years have you worked as an operator of this system? \_\_\_\_\_

f. Do you supervise employees?  Yes  No

2. List Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affidavit:**

Read, sign and date this Affidavit.

**AFFIDAVIT AND SIGNATURE**

**This Application Must be Signed**

“I \_\_\_\_\_ do, solemnly swear (affirm) that I am the applicant named  
Print Name

in this application, that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.”

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature  
(MM/DD/YY)**

Furnishing the SSN is mandatory. The SSN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.