

GUIDELINE on completing the Form - Application for Operator Certification

GENERAL INFORMATION

This form should only be used by any of the following:

1. Operators who are applying to be certified for the **first time**,
2. Operators who want to **upgrade their certificate** from conditional to a full certificate,
3. Operators who want to **change their class of certification**; i.e. from Class I to Class II, etc,
4. Operators who want to **change their certification category** (i.e. changing job from Water Treatment to Wastewater Treatment, Water Treatment to Water Distribution, Water Distribution to Wastewater Collection, etc) or
5. Operators who need certification in an **additional category** (i.e. adding Water Treatment certificate to existing Water Distribution, etc).

Form **MUST** be filled out completely and necessary documents not previously submitted attached, otherwise this may cause delay in processing the application.

The information provided will be used to evaluate the application for an operator certificate under the Water and Wastewater Facility Operators Regulation (MR 77/2003).

If using a print out form **please check our website at www.manitoba.ca/certification to verify if the form being used is the latest revision.**

SECTION A: OPERATOR VERIFICATION

The application must be signed and dated by the operator.

SECTION B: OPERATOR INFORMATION

Information in this section is necessary to establish personal file and contact information. **Please indicate the name as you wish to have it appear on all documentation.** Address provided will be used for mailing Certification Program documents such as Operator Certificate and Certificate Renewal information; therefore, **provide a correct mailing address.**

If an operator wants the Certification Program documents to be mailed to the employer's address, he/she must provide a signed consent form and submit with the application. If there is a change of personal information (i.e. address, phone number, etc.) after the application was made, immediately inform the Certification Program for your personal file to be updated.

Operator ID number refers to the five-digit number provided to you by the Certification Program. Please provide your **daytime telephone number**. Provide an active email address. **Correspondence relating to your application will be sent by email.** Provide a fax number only if you do not have an email address.

Indicate in this section if the application is a First time application or a Change/Upgrade of Certification.

SECTION C: EMPLOYER INFORMATION

Provide detailed information of your **current** employer.

SECTION D: CERTIFICATE REQUEST INFORMATION

Indicate the category and class of certificate(s) being applied for. If applying for an operator-in-training (OIT) check off the "OIT box". If applying for conditional certification due to exceptional circumstance (CC), check off the "CC" box.

Please note sequential certification took effect on April 15, 2016; i.e. you must be certified one class lower than the class you are applying for; i.e. if you are applying for a Class 2 certificate you must hold a Class 1 certificate first. This does not apply for individuals applying for Class 1 certification.

SECTION E: CONDITIONAL CERTIFICATION

The owner of the facility must provide a **Written Request for the Conditional Certificate addressed to the Director** indicating the exceptional circumstance surrounding the request. A development plan for the operator on how he/she can attain full certification must also be included in the letter.

Conditional Certificate is only issued due to exceptional circumstances and upon approval by the director. A Conditional Certificate is **not transferable** and **cannot be renewed**.

SECTION F: OPERATING EXPERIENCE – CURRENT EMPLOYER

Indicate the date (YYYY-MM-DD) when employment as an operator started and sum up the total current number of years and months of experience until the date the application is submitted. If there are gaps on the operator's working experience, provide details why.

List down the operational duties related to each category of certification being applied for, or submit a copy of your job description/responsibilities.

Confirm with your supervisor the name of the facility which you operate. Indicate whether you operate on a full time basis. If you do not operate on a full time basis indicate the % of time spent working as an operator. For example, 50% for seasonal operations (May to October); 10% relief operator weekends, holidays, sick leave, etc.

This section must be signed and dated by the **Operator's Manager or Operator-in-Charge (OIC)**. It cannot be signed by the operator himself.

SECTION G: DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE WITH CURRENT EMPLOYER

This Section must be completed only by an operator applying for upgrade to Class 3 or Class 4 certificate.

"Direct Responsible Charge" (DRC) means in relation to operating experience, experience gained through

GUIDELINE on completing the Form - Application for Operator Certification

responsibility for performing or supervising daily on-site operational duties for a facility, or an operating shift in such a facility.

The Operator's Manager or OIC must indicate the specific date when **the operator (not the Manager or OIC) started DRC experience** with current employer. Sum up the total number of years and months since the start of DRC experience until the date the application is submitted.

This section must be signed and dated by the **Manager or OIC**.

SECTION H: OPERATING EXPERIENCE – PREVIOUS EMPLOYER

Indicate the start and end date of employment with the previous employer. Sum up the total number of years and months of work experience. If there were gaps on the operator's work experience, provide details why.

List down previous operational duties related to each type of certificate being applied for, or submit a copy of your previous job responsibilities. List down the names of the previous facilities operated. Indicate whether you operate on a full time basis. If you only work on a part time basis (i.e. seasonal or weekend) indicate the % of time spent working as an operator.

Provide the name and contact information of the **Manager or OIC in previous employment**.

SECTION I: DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE – PREVIOUS EMPLOYER

This Section must be completed only by operators applying for upgrade to Class 3 or Class 4 certificate.

Indicate the start and end date of **DRC experience of the operator** with previous employer. Sum up the total number of years and months of DRC experience.

SECTION J: HIGH SCHOOL EDUCATION

Indicate name of high school attended, highest grade level completed and provide a copy of high school diploma/certificate or transcript. If the operator had General Educational Development (GED), indicate the level of GED achieved and submit proof of completion.

SECTION K: POST – HIGH SCHOOL EDUCATION

This Section must be completed by operators applying for upgrade to Class 3 or Class 4 certificate or operators applying for Class 2 certificate who would like to substitute 50% or less of the required operating experience with post high school education.

Provide a copy of college/university diploma/certificate or transcript if not submitted previously. Provide the details as required in this section.

SECTION L: CONTINUING EDUCATION AND TRAINING

List down all the water and wastewater related courses, seminars and trainings successfully completed and provide a copy of the certificates. Provide the details as required in this section.

Refer to the **“Guidelines for Continuing Education Unit Evaluation and Credit”** for a list of courses with previously assigned CEUs which can be found on the link provided below: If not listed leave the CEU blank.

<https://www.gov.mb.ca/sd/eal/certification/ceuguideline.pdf>

SECTION M: APPLICATION FEE

Indicate the method of payment by checking the applicable box. If payment was made online, indicate the confirmation number provided by Canada Map Sales.

If paying with cheque, make cheque payable to Minister of Finance and submit it with completed application.

If you are a **provincial government employee paying through SAP**, check off the appropriate box and have your supervisor **email us the approval and coding for SAP payment when submitting the application**.

Make sure all required documents not previously submitted have been attached with the application before submitting to the Director. Failure to provide the necessary attachments may cause delay in processing your application. **Provide only copies of documents and not the originals.**

Forward the completed form:

By Email: wwopcert@gov.mb.ca

OR

By Mail: **Certification Program Specialist**
Environmental Approvals Branch
Manitoba Environment, Climates and Parks
1007 Century St
Winnipeg MB R3H 0W4

Or Fax to (204) 945-5229 **Attention: Certification Program**

Please direct questions to: Certification Program Specialist

Phone: (204) 945-7065

Toll Free: 1-866-626-4862

Or send email to wwopcert@gov.mb.ca

APPLICATION FOR OPERATOR CERTIFICATION

Fill out this form completely and attach supporting documents as necessary. The information provided will be used to evaluate the application for an operator certificate under the Water and Wastewater Facility Operators Regulation (MR 77/2003).

Application Fee

As per Regulation 77/2003, the fee for an operator's certificate (includes OIT, first time applications and certificate upgrade) is \$100. Payable by cheque or money order payable to "Minister of Finance", or online by credit card. Fill in payment information on Page 7.

Attaching Documents

Payment and all supporting documentation not previously submitted regarding education, CEUs, and operating experience must be attached with this application form. If submitting via email, you may attach pdf copies of documentation. Incomplete application will not be processed.

(Provide copies only of supporting documentation not previously submitted. Keep your originals.)

Print clearly or type and follow the instructions on the application form.

Notes:

If using a print out form, **check our website to verify if the form being used is the latest revision.**

If using Adobe Reader, text can be inserted directly into the form and tab between fields.

SECTION A: OPERATOR VERIFICATION

By signing this application, I hereby consent to the collection, use and dissemination of my personal information contained in this application by Manitoba Environment, Climate and Parks and its Certification Program Administrator for the purpose of enforcement, renewals, data analysis and certificate eligibility assessment. I further declare that all information in this application and the accompanying attachments are true.

Print Name:

Signature of Operator:

Date Signed (YYYY-MM-DD)

Forward the completed forms & fee to:

By Email: wwopcert@gov.mb.ca

or

By Mail: Certification Program Specialist

Environmental Approvals Branch

Manitoba Environment, Climate and Parks

1007 Century Street

Winnipeg MB R3H 0W4

or

By Fax: (204) 945-5229 Attention: Certification Program

Please direct questions to:

Certification Program Specialist

Phone: (204) 945-7065

Fax: (204) 945-5229

Or email: wwopcert@gov.mb.ca

Toll Free: 1-866-626-4862

Personal information is collected under the authority of The Environment Act, the Water and Wastewater Facility Operators Regulation amendment and will be used to issue certificates and for administration and enforcement purposes. Information collected is protected by the privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions, contact the Access & Privacy Co-ordinator, 1383 Whyte Ave., Winnipeg MB R3J 1V7; 1-204-845-4170.

Application for Operator Certification

SECTION B: OPERATOR INFORMATION (All operators must complete)

Last Name:	Given Name(s):	
Operator ID Number:	Date of Birth: (YYYY-MM-DD)	
Mailing Address:		
City/Town/Village:	Province:	Postal Code:
Daytime Telephone No.:	Email:	
Fax No.: (required only if no email address is provided)		
What type of application is this? <input type="checkbox"/> First time application <input type="checkbox"/> Change/Upgrade of Certification		

SECTION C: EMPLOYER INFORMATION (All operators must complete)

Name of Employer / Operating Authority: (Municipality, City, Company, Colony, etc.)		
Address:		
City/Town/Village:	Province:	Postal Code:
Telephone No.:	Fax No.:	Email:

SECTION D: CERTIFICATE REQUEST INFORMATION (All operators must complete)

Check the box for the certificate(s) for which you are applying.

If applying for a **CONDITIONAL Certificate (CC)**, check the box for the **Class** and **“CC”** box.

If you are applying for an **OPERATOR-IN-TRAINING** Certificate, check the box for the **Class** and the **“OIT”** box.

Small System (Sm)	<input type="checkbox"/> Water Works	<input type="checkbox"/> Wastewater Works	<input type="checkbox"/> CC	<input type="checkbox"/> OIT
--------------------------	--------------------------------------	---	-----------------------------	------------------------------

Water Treatment (WT)

<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV	<input type="checkbox"/> CC	<input type="checkbox"/> OIT
----------------------------------	-----------------------------------	------------------------------------	-----------------------------------	-----------------------------	------------------------------

Water Distribution (WD)

<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV	<input type="checkbox"/> CC	<input type="checkbox"/> OIT
----------------------------------	-----------------------------------	------------------------------------	-----------------------------------	-----------------------------	------------------------------

Wastewater Treatment (WWT)

<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV	<input type="checkbox"/> CC	<input type="checkbox"/> OIT
----------------------------------	-----------------------------------	------------------------------------	-----------------------------------	-----------------------------	------------------------------

Wastewater Collection (WWC)

<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV	<input type="checkbox"/> CC	<input type="checkbox"/> OIT
----------------------------------	-----------------------------------	------------------------------------	-----------------------------------	-----------------------------	------------------------------

Application for Operator Certification

SECTION E: CONDITIONAL CERTIFICATION (Only Operators applying for conditional certificate must complete)

Check box if applying for a Conditional Certificate due to exceptional circumstances. ☐

Note: A **Written Request for the conditional certificate**, addressed to the Director of Environmental Approvals Branch (see address on page 1 of this form), from the owner of the facility that employs the operator must be attached with this application form.

SECTION F: OPERATING EXPERIENCE – CURRENT EMPLOYER (All operators must complete)

Start date: (YYYY-MM-DD)

Total (years/months) to date of application:

Years

Months

If valid experience was not continuous, please explain.

List your major operational duties related to the certificate for which you are applying.

(Note that only hands-on operating experience can be considered. You may attach extra sheets if the space provided below is not sufficient; otherwise provide a copy of your job description.)

List the names of facilities in which you operate. (e.g. City of Winnipeg North End Water Pollution Control Centre)

Did you operate on a full-time basis? ☐ Yes ☐ No

If “**NO**”, what percentage (%) of the work time, did you spend operating (performing the above listed duties)? %

Name of Authorized Representative:
(Authorized representative must be the Operator's Manager or Operator-in-Charge, and **cannot be the operator.**)

Telephone No.:

Fax No.:

Print Name

Email:

Signature of Authorized Representative

Date Signed (YYYY-MM-DD)

Application for Operator Certification

SECTION G: DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE OF OPERATOR WITH CURRENT EMPLOYER (Only Operators applying for upgrade to Class 3 or Class 4 certificate must complete)

Start date (YYYY-MM-DD):	Total (years/months) to date of application:	
	Years	Months
Signature of Authorized Representative: (Authorized representative must be the Operator's Manager or Operator-in-Charge, and cannot be the operator)		Date Signed (YYYY-MM-DD)
		Print Name

SECTION H: OPERATING EXPERIENCE – PREVIOUS EMPLOYER

If No previous operating experience with another employer, proceed to SECTION J of this application.

Start date: (YYYY-MM-DD)	End date: (YYYY-MM-DD)	Total (years/months):	
		Years	Months

If valid experience was not continuous, please explain.

List your major operational duties related to the certificate for which you are applying.

(Note that **only hands-on operating experience** can be considered. You may attach extra sheets if the space provided below is not sufficient.)

If available, submit copies of previous job descriptions with this application form. Alternatively provide a letter of reference verifying scope of responsibility and duties performed, signed by a manager, supervisor or co-worker that can verify the work completed.

List the names of facilities in which you previously operated.

Did you operate on a full-time basis

☐ Yes
☐ No

If **"NO"**, what percentage (%) of the work time, did you spend operating (performing the above listed duties)?

%

Name of Authorized Representative:

(Authorized representative must be the Operator's Manager or Operator-in-Charge, and **cannot be the operator**.)

Telephone No.:

Fax No.:

Print Name

Email:

Application for Operator Certification

SECTION I: DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE – PREVIOUS EMPLOYER (Only Operators applying for an upgrade to a Class 3 or Class 4 certificate must complete)

Start date: (YYYY-MM-DD)	End date: (YYYY-MM-DD)	Total (years/months):	
		Years	Months

SECTION J: HIGH SCHOOL EDUCATION (All operators must complete.)

Name of High School Attended:

Completed Grade 12 ☐ Yes ☐ No If “No”, indicate the Highest Grade Completed: _____

General Educational Development (GED) ☐ Level Achieved _____ (i.e. GED 10 or GED 12)

Note: If not previously submitted a copy of diploma or transcript from the school attended must be submitted with this application. Do not submit the original.

SECTION K: POST – HIGH SCHOOL EDUCATION

Attended College or University? ☐ Yes If “Yes”, complete table below. Provide extra sheet if space is not sufficient. ☐ No If “No”, proceed to Section L of this application

Name of College/University	Diploma/Degree	No. of Years Completed	Graduated (Yes/No)	Year Graduated

Note: If not previously submitted a copy of diploma or transcript from the College or University attended must be attached with this application. Do not submit the original.

Application for Operator Certification

SECTION L: CONTINUING EDUCATION AND TRAINING

List all courses, conferences, seminars, etc., that you have successfully completed that are related to water/wastewater only.

Note: Copies of not previously submitted certificates of successful completion must be provided for each course listed. Do not submit originals. **Do not submit certification exam mark transcript or copies thereof. Your examination marks are already on file.**

If the space provided is not sufficient, you may provide extra sheets following the format of the table below.

[illegible]

Application for Operator Certification

SECTION M: APPLICATION FEE

Application Fee is \$100 for New or Upgrade Certification Applications

Indicate method of payment:

☐ Cheque (Include cheque, payable to Minister of Finance with completed application and send by mail.)

☐ Online payment

<http://www.canadamapsales.com/en/catalogue/environmental-services/p17728512.html>

Provide order confirmation number (from Canada Map Sales receipt):

☐ Check off only if you are Provincial Government Employee paying through SAP (**See Guideline for details.**)

Note: You do not need to mail the original if you are emailing the application.

Save As

Print