

GUIDELINE on completing the Form - Application for Operator Certification Renewal

GENERAL INFORMATION

This form should only be used by operators applying to renew their existing operator certificates. **Certificate renewal only applies to an existing operator certificate which does not require any change except the expiry date.**

Form **MUST** be filled out completely and necessary documents attached, otherwise this **MAY CAUSE DELAY** in processing the application.

The information provided will be used to evaluate the application for an operator certificate renewal 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 provided will be used to update the operator's personal file and contact information as necessary. **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 documents to be mailed to the employer's address, he/she must provide a signed consent form and submit it to the Certification Program. If there is a change of personal information (i.e. address, phone number, etc.) after the renewal 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 on your operator certificate. 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.

SECTION C: EMPLOYER INFORMATION

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

SECTION D: CERTIFICATE REQUEST INFORMATION

Check the category and class of certificate(s) being renewed. Certificate must be renewed at least 60 days before the expiry date.

Conditional Certificate and Operator-In-Training Certificate are non-renewable.

SECTION E: OPERATING EXPERIENCE – CURRENT EMPLOYER

Indicate the date (YYYY-MM-DD) when employment started and sum up the total current number of years and months of experience until the date the application is submitted.

List down the operational duties related to each category of certificate being renewed or submit a copy of your job description/responsibilities. List the names of facilities.

This section must be signed and dated by the **authorized representative - Manager or Operator-in-Charge.**

SECTION F: OPERATING EXPERIENCE - PREVIOUS EMPLOYER

Provide previous employer's information only if currently not employed as an operator at the time of renewal.

SECTION G: CONTINUING EDUCATION AND TRAINING

List down all the water and wastewater related courses, seminars and trainings successfully completed in the past 5 years 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 the **minimum required CEUs**, for certificate renewal, which can be found on the link provided below: If not listed leave the CEU blank.

www.gov.mb.ca/conservation/eal/certification/ceu guideline.pdf

SECTION H: APPLICATION FEE

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

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 that copies of certificates of training or courses taken in the last five years 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 to:

By Email: wwopcert@gov.mb.ca

OR

By Mail: Director
Environmental Approvals Branch
1007 Century Street
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, ext. 7065

Or Send Email to wwopcert@gov.mb.ca

APPLICATION FOR OPERATOR CERTIFICATION RENEWAL

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

Certificate Renewal Fee

As per Regulation 77/2003 amended, the renewal fee for an operator's certificate is \$75. Payable by cheque or money order payable to "Minister of Finance", or online by credit card. Fill in payment information on Page 5.

Attaching Documents

Payment, all supporting documentation regarding CEUs not previously submitted must be attached to 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 Sustainable Development 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:	Date Signed (YYYY-MM-DD)
Signature of Operator:	

<p>Forward the completed forms & fee to:</p> <p>By Email: wwopcert@gov.mb.ca or By Mail: Director, Environmental Approvals Branch Manitoba Sustainable Development 1007 Century Street Winnipeg MB R3H 0W4 or By Fax: (204) 945-5229 Attention: Certification Program</p>	<p>Please direct questions to:</p> <p>Certification Program Specialist Phone: (204) 945-7065 Fax: (204) 945-5229 Or email: wwopcert@gov.mb.ca</p> <p>Toll Free: 1-866-626-4862 and ask for Extension: 7065 for Donna Garcia</p>
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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.

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SECTION B: OPERATOR INFORMATION			
Last Name:		Given Name(s):	
Operator Certificate Number:	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)			

SECTION C: EMPLOYER INFORMATION			
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.			
Note:			
No Renewal for Conditional Certification and Operator-In-Training Certificates.			
Small System (Sm)	<input type="checkbox"/> Water Works	<input type="checkbox"/> Wastewater Works	
Water Treatment (WT)			
<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV
Water Distribution (WD)			
<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV
Wastewater Treatment (WWT)			
<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV
Wastewater Collection (WWC)			
<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV

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SECTION E: OPERATING EXPERIENCE – CURRENT EMPLOYER						
Start date: (YYYY-MM-DD)	Total (years/months) to date of application:					
	Years	Months				
<p>List your major operational duties related to the certificate for which you are renewing. (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.)</p> <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>						
<p>List the names of facilities in which you operate. (e.g. City of Winnipeg North End Water Pollution Control Centre)</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; padding: 5px;">Name of Authorized Representative: (Authorized representative must be the Operator's Manager or Operator-in-Charge and cannot be the operator.)</td> <td style="width: 45%; padding: 5px;">Telephone No.:</td> </tr> <tr> <td></td> <td style="padding: 5px;">Fax No.</td> </tr> </table>			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.
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.					
Email Address:						
Signature of Authorized Representative		Date Signed (YYYY-MM-DD)				

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SECTION H: APPLICATION FEE

Application Fee is \$75 for Renewal 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/p17728514.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: Make sure to provide all the necessary attachments to prevent delay of renewing of your application. You do not need to mail the original if you are emailing the application.