



Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – DISTRIBUTION SYSTEM OPERATOR

APPLICANT'S CONTACT INFORMATION			
Last Name	M. Initial	First Name	
Company Name (can be left blank)			
Address Line 1 (St. Address or P.O. Box #)			
Address Line 2 (Apt. #, Suite #, Box # - can be left blank)	City	ST	Zip
Email	Telephone		
Fax	Cell Phone		
Social Security Number*	Date of Birth		

APPLICANT'S STATEMENT OF CERTIFICATION:

I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Applicant's Printed Name

Applicant's Signature

Date signed

EXAM CLASS REQUESTED

(Check one)

- Distribution System Class I Operator
- Distribution System Class II Operator
- Distribution System Class III Operator

APPLICANT'S CURRENT CT DPH CERTIFICATION STATUS

(Check all that apply)

- not currently certified
- active certification, or inactive certification
 - Water Treatment Plant Operator
 - Distribution System Operator
 - Small Water System Operator
- Backflow Preventer Tester or Tester/Inspector

RE-APPLICATION (Check if applicable)

Check the below Reapplication box if you are applying for an exam that you have previously been approved to take and indicate the prior exam date:

- Re-application Prior exam date _____

DEMONSTRATE COMPLETION OF HIGH SCHOOL EDUCATION

One of the following documents must be submitted with this application to demonstrate that the applicant has completed a high school level of education: **(Check off one of the following this is included with this application)**

- a copy of your high school diploma
- high school or post-high school transcript
- letter from high school verifying graduation
- Other: _____
- high school equivalency diploma (GED)
- post-high school diploma

FOR STATE USE ONLY	
Received Date Stamp	Substantiated Length of Experience:
	Substantiated Completed High School Education:
	Written Test Score:
	Issued Certification Number:
	Effective Date:
	Expiration Date:
	Internal Check Number:
Envl. Post Mark(PM) Date: ____/____/____	
Attach Envl. If PM is after application deadline	



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Verification of Distribution System (DS) Operator Work Experience

Applicants Last Name:	First:
Applicants Job Title:	
Public Water System (PWS) ID:	
Name of PWS where applicant gained DS operator experience:	
Length/Period of applicant’s experience operating the above named PWS Distribution System:	DATES - From: To: (write in “To Present” if currently operating)
Applicant’s Employment Status (during the length of time listed above) <input type="checkbox"/> full time employee or <input type="checkbox"/> part time (hours/week)	

Check off only the activities the applicant routinely performed for the above named DS and listed period. NOTE: CHECKING ALL BOXES ISN’T NECESSARY TO DEMONSTRATE THE REQUIRED AMOUNT OF EXPERIENCE.

WATER DISTRIBUTION SYSTEM CONSTRUCTION <input type="checkbox"/> Install or Replace Water Mains <input type="checkbox"/> Install or Replace Fire Hydrants <input type="checkbox"/> Install or Replace System Valves <input type="checkbox"/> Perform Construction Flushing <input type="checkbox"/> Perform Pressure Tests & Leakage Calculations <input type="checkbox"/> Disinfect & Sample New Mains WATER DISTRIBUTION SYSTEM REPAIRS <input type="checkbox"/> Repair Water Mains <input type="checkbox"/> Repair Hydrants <input type="checkbox"/> Repair Well or Booster Pumps <input type="checkbox"/> Repair Control Valves <input type="checkbox"/> Repair Distribution Valves WATER DISTRIBUTION SYSTEM OPERATION <input type="checkbox"/> Perform Routine Flushing <input type="checkbox"/> Perform Routine Valve Turning <input type="checkbox"/> Operate Well or Booster Pumps <input type="checkbox"/> Collect Routine Bacteriological Samples <input type="checkbox"/> Operate or Control Water Storage <input type="checkbox"/> Perform Leak Detection WATER DISTRIBUTION SYSTEM CUSTOMER METERS <input type="checkbox"/> Read Meters/Remotes <input type="checkbox"/> Test Meters/Remotes <input type="checkbox"/> Repair Meters/Remotes <input type="checkbox"/> Install Meters/Remotes	WATER DISTRIBUTION SYSTEM SERVICE LINES <input type="checkbox"/> Install Services, Taps, Curb Stops <input type="checkbox"/> Repair Services, Taps, Curb Stops <input type="checkbox"/> Perform Line Locating <input type="checkbox"/> Perform Turn On & Shut Offs WATER DISTRIBUTION CROSS CONNECTIONS <input type="checkbox"/> Conduct Formal Cross Connection Inspections <input type="checkbox"/> Enforce Formal Cross Connection Program <input type="checkbox"/> Maintain Cross Connection Records <input type="checkbox"/> Review Device Test Reports <input type="checkbox"/> Prepare Annual Cross Connection Report WATER DISTRIBUTION SYSTEM ADMINISTRATION <input type="checkbox"/> Prepare/Maintain Reports & Plans <input type="checkbox"/> Respond to Customer Complaints <input type="checkbox"/> Schedule Maintenance <input type="checkbox"/> Maintain Spare Parts Inventory <input type="checkbox"/> Prepare Water System Budgets <input type="checkbox"/> Train & Manage Personnel <input type="checkbox"/> Maintain Distribution Appurtenance <input type="checkbox"/> Records Schedule Distribution Work Force Other (if necessary list other distribution work duties the applicant has routinely performed): <hr/> <hr/>
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CHIEF OPERATOR and/or SUPERVISOR VERIFICATION:

I verify that the applicant’s water distribution system operator experience as described on this page is correct and understand that if I am a certified operator, any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

_____ Printed Name _____ Signature _____ Title _____ Date _____ Phone



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**Demonstrate Educational Training Beyond High School
in a Field Applicable to Distribution Systems**

This page is only to be completed by the applicant where the applicant has completed educational training beyond high school, in a field applicable to distribution systems, and where the applicant requests this training be used as a substitution for part of the experience requirement and where the applicant is applying for a Distribution System Operator Class II, or III Examination. A minimum of 1 year of distribution operational experience is required.

Note the summary of the required experience and experience substitution requirements for applicants of the Distribution System Class II, and III Operator Examinations in the instructions

Earned college credits (grade C or better) and training courses in subject matters related to distribution systems may be equated to distribution system experience. Note the following equivalencies:

- 15 training hours is equivalent to 1 college credit hour
- 15 college credits is equivalent to 225 training hours (TCH) or
- 15 college credits is equivalent to ½ year of experience
- 450 training hours (2 semesters) is equivalent to 1 year of experience

List the educational training beyond high school (i.e. individual college courses, college degrees, certificates, training courses, etc.), in a field applicable to distribution systems, that the applicant request to be applied towards meeting the length of experience requirement for distribution system operator certification.

List any applicable training beyond high school completed by the applicant:

Dates	Training Provider/College	TCHs, CEUs, College Credit	Course Name, College Degree, Certificate or Training Course

For individual college or training course work, listed above, the applicant must include copies of transcripts or certificates (including course descriptions) along with this application. For earned college degrees a copy of the diploma or transcript, which documents the earned degree, must be submitted with the application.