



Rhode Island Department of Health
Center for Drinking Water Quality

Application for Operator Certification Exam

This Application is for: PLEASE CHECK ONE **Electronic Examination** **Paper Examination**

To Apply for the Electronic Examination:

1. Please fill out the application in full. If a question does not apply to you, enter N/A.
2. DO NOT submit any payment. The e-exam fee of \$108.00 is paid directly to the testing center. The test administrator will communicate with you via email regarding payment and all other matters.
3. Print and mail application and supporting documentation to the address below.

To Apply for the Paper Examination:

1. Please fill out the application in full. If a question does not apply to you, enter N/A.
2. Include exam fee of \$53.00 – certified checks, money orders, and personal checks are accepted.
3. Make check or money order payable to: “Association of Boards of Certification” (or “ABC”).
4. Print and mail application, supporting documentation, and payment to the address below.

**RIDOH – Center for Drinking Water Quality
Three Capitol Hill, Room 209, Providence, RI 02908**

There are no application fees for licensure. Any examination fees are paid directly to a third-party test provider and are set by those third parties.

Contact Information			
Name (as it will appear on your license, no nicknames please)			
First Name:	Middle Initial:	Last Name:	Suffix: (Jr/III)
Date of Birth (MM/DD/YY):	/	/	Social Security Number: - -

Home	
Address Line 1:	
Address Line 2:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
Email address:	

This is the email address that RIDOH will use to contact you.

Business/Employment (primary business/employer, whether in-state or out-of-state) Name of Business/Employer:	
Address Line 1:	
Address Line 2:	
City, State, Zip Code:	
Phone:	Work email:

It is your responsibility to update RIDOH on all address and phone number changes.

Send Exam Results and RIDOH Public Mailings to: PLEASE CHECK ONE
<input type="checkbox"/> Home <input type="checkbox"/> Business/Employment

Education: Write the highest grade completed

Did you graduate from an accredited high school? Yes No

IF NOT Did you obtain your General Equivalency Diploma (GED)? Yes No

College or University: Do you have any additional degrees? Please check all that apply.

Degree*

Associate's
Subject Area: _____

Bachelor's
Subject Area: _____

Master's
Subject Area: _____

If no degree, number of semester hours completed** _____ semester hours

*Copy of diploma **MUST** accompany application if using education to qualify for Class 3 or 4 certification.

College transcript **MUST accompany application if qualifying for Class T4 certification under §5.8.J(3).

If yes, course name: _____ Offered by: _____

Operator Grade Information

Treatment Certification:

Are you currently a certified treatment operator in the State of Rhode Island? Yes No

Current treatment certification held? _____

License No. _____

Date treatment certification issued: (MM/DD/YY) / /

Distribution Certification:

Are you currently a certified distribution operator in the State of Rhode Island? Yes No

Current distribution certification held? _____

License No. _____

Date distribution certification issued: (MM/DD/YY) / /

Examination Information – Read eligibility requirements before completing this section.

Grade of Examination you are applying for: (Check one only.)

Distribution: 1D 2D 3D 4D

Treatment: 1T 2T 3T 4T

VSS – Very Small System: Distribution Treatment

Type of certification you are seeking: (Check one only.)

Full Certification – Must meet all education and experience requirements as outlined in section 5.8 of Regulations 216-RICR-50-05-5.

Operator-In-Training Certification (class VSS, 1, 2, & 3 only) – Must meet minimum education requirements to sit for exam.

Important: Please check www.health.ri.gov/wateroperator for application deadlines. Incomplete or late applications will be returned.

Provide information about your current and past jobs that involved drinking water treatment or distribution. List jobs in order, from your current job to your earliest job. Please make additional copies of this page, as needed to list all of your drinking water-related jobs.

Present/Most Recent Position:

Job Title: _____

Start Date: (MM/DD/YY) / /

End Date: (MM/DD/YY) / /

Currently Employed

Employer's Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Are you an operator at this job? Yes No If yes, what grade(s) of license(s) do you hold: _____

List Duties/Responsibilities: Insufficient/incomplete information on THIS application will result in OIT status. If you are seeking full certification, it is recommended that you attach a job description. The written list of job duties and the formal job description will be used to determine whether you meet the experience requirements.

If you work as an operator, please completed the questions below:

What is the classification of the Public Water System?

Distribution: 1D 2D 3D 4D

Treatment: 1T 2T 3T 4T

VSS – Very Small System: Distribution Treatment

What is the Public Water System ID Number? _____

How many years have you worked as an operator of this system? _____ years

Do you supervise employees? Yes No

Your Experience – Continued

Job Title: _____

Start Date: (MM/DD/YY) / /

End Date: (MM/DD/YY) / /

Employer's Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Were you an operator at this job? Yes No If yes, what grade(s) of license(s) did you hold: _____

List Duties/Responsibilities: Insufficient/incomplete information on THIS application will result in OIT status. If you are seeking full certification, it is recommended that you attach a job description. The written list of job duties and the formal job description.

If you work as an operator, please completed the questions below:

What is the classification of the Public Water System?

Distribution: 1D 2D 3D 4D

Treatment: 1T 2T 3T 4T

VSS – Very Small System: Distribution Treatment

What is the Public Water System ID Number? _____

How many years did you work as an operator of this system? _____ years

Did you supervise employees? Yes No

Affidavit – Please read, sign and date below.

"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 paid all taxes due the State or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Sign and Date

Signature of Applicant

Date of Signature (MM/DD/YY)

You must include your SSN on page 1 of this application. By state law, we must send it to the Rhode Island Division of Taxation.