**BOARD OF CERTIFICATION OF OPERATING PERSONNEL IN WASTEWATER TREATMENT FACILITIES**

# TEMPORARY CERTIFICATION APPLICATION

| When completed, mail to: | **DO NOT WRITE IN THIS BLOCK** |
|---|---|
| Board of Certification of Operating Personnel in Wastewater Facilities<br>Department of Health, State of Hawaii<br>1350 Sand Island Parkway, Bldg. 3A<br>Honolulu, HI 96819 | Date received: _____<br>Processing fee: $_____Date:_____<br>Date approved:_____<br>Certificate.fee: $_____ Date: _____<br>Date mailed & posted: _____<br>Comments: |

_____

Last Name (please print) First Name M.I.

_____

Street Address City and State Zip Code

_____

Home Phone Number Business Phone Number

**PROCESSING FEE: $25.00**. Please make check or money order payable to the State of Hawaii.

Name of Plant (s) _____ Class of Plant (s) _____

| Check requested Grade of Temporary Certificate: | Grade 1 | Grade 2 | Grade 3 | Grade 4 |
|---|---|---|---|---|

Submit the following documentation:

(A) A statement signed by the owner which designates the applicant as the operator in direct responsible charge and assures that the directing certified operator would fulfill his/her responsibilities as specified below.

(B) A statement from the directing certified operator specifying in detail how he/she intends to fulfill each of the following responsibilities:

1. Provide training to the applicant to assure that the applicant adequately operates and maintains the treatment facility and to prepare the applicant to sit for the certification examination.

2. Provide standard operating procedures (SOP) to enable the applicant to handle operational problems as well as day-to-day operations.

3. Make site visitations to assure that the treatment facility is being properly operated and maintained by the applicant.

4. Provide assistance to the applicant during emergencies and plant operational upsets.

(C) If the applicant is currently certified, submit copy of certificate. If not, complete information below.

Name and location of high school attended: _____

_____ Highest grade completed: _____

NOTE: Incomplete applications, applications not accompanied by required attachments, and applications without the $25.00 application fee will not be processed.

Signature _____ Date _____