

Form



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STATE BOARD FOR CERTIFICATION OF WATER AND WASTEWATER SYSTEMS OPERATORS

## OPERATOR CERTIFICATION EXAMINATION REGISTRATION

| <b>Part 1: Applicant Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | MIDDLE INITIAL              |
| STREET – PO BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOME PHONE NUMBER<br>(     ) | CLIENT ID (if you have one) |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STATE                        | ZIP CODE                    |
| LAST 4 DIGITS OF SOCIAL SECURITY # (not needed if you have client id)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             |
| <b>Part 2: Requested Class:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Part 3: Examination Date &amp; Site</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | EMAIL ADDRESS               |
| A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | SEPT 3 2026 Radisson® Hotel/ TREVOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                             |
| <b>Part 4: Examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2400 Old Lincoln Highway, Trevoise, PA 19053                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                             |
| <input type="checkbox"/> <b>WATER EXAMINATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> <b>WASTEWATER EXAMINATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |
| <input type="checkbox"/> <b>CLASS E – (WE) Distribution Systems Examination</b> [60 minutes]<br>Note: Class E can be a standalone certification, or can be combined with class A, B, C, or D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> <b>CLASS E – (WWE4) Satellite Collection System with Pump Station/Single Entity Owner Collection System Examination</b> [75 minutes]<br>Note: Class E can be a standalone certification, or can be combined with class A, B, C, or D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                             |
| <input type="checkbox"/> <b>PART 1 – GENERAL EXAMINATION (WGEN)</b> [30 minutes]<br>Important Note: To be certified as a treatment system operator, an applicant must pass the Part 1 General Examination <u>and</u> at least one of the technology specific subclass examinations (Part 2) <u>and</u> have obtained the required operating experience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> <b>PART 1 – GENERAL EXAMINATION (WWGEN)</b> [75 minutes]<br>Important Note: To be certified as a treatment system operator, an applicant must pass the Part 1 General Examination <u>and</u> at least one of the technology specific subclass examinations (Part 2) <u>and</u> have obtained the required operating experience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                             |
| <b>PART 2 – TECHNOLOGY SPECIFIC EXAMINATIONS:</b><br><input type="checkbox"/> Subclass 1 - Conventional filtration (W1) [60 minutes]<br><input type="checkbox"/> Subclass 2 - Direct filtration (W2) [45 minutes]<br><input type="checkbox"/> Subclass 3 - Diatomaceous earth filtration (W3) [30 minutes]<br><input type="checkbox"/> Subclass 4 - Slow sand filtration (W4) [30 minutes]<br><input type="checkbox"/> Subclass 5 - Cartridge or bag filtration (W5) [30 minutes]<br><input type="checkbox"/> Subclass 6 - Membrane filtration (W6) [30 minutes]<br><input type="checkbox"/> Subclass 7 - Corrosion control and sequestering (W7) [30 min]<br><input type="checkbox"/> Subclass 8 - Chemical addition (W8) [90 minutes]<br><input type="checkbox"/> Subclass 9 - Ion exchange and greensand (W9) [45 minutes]<br><input type="checkbox"/> Subclass 10 - Aeration and activated carbon adsorption (W10) [45 minutes]<br><input type="checkbox"/> Subclass 11 - Gaseous chlorine disinfection (W11) [60 minutes]<br><input type="checkbox"/> Subclass 12 - Non-gaseous chemical disinfection (W12) [60 min]<br><input type="checkbox"/> Subclass 13 - Ultraviolet disinfection (W13) [30 minutes]<br><input type="checkbox"/> Subclass 14 - Ozonation (W14) [30 minutes]<br><input type="checkbox"/> Subclass 15 - Laboratory Supervisor [30 minutes] |  | <b>PART 2 – TECHNOLOGY SPECIFIC EXAMINATIONS</b><br><input type="checkbox"/> Subclass 1 – Activated sludge (WW1) [45 minutes]<br><input type="checkbox"/> Subclass 2 – Fixed film treatment (WW2) [30 minutes]<br><input type="checkbox"/> Subclass 3 – Treatment ponds and lagoons (WW3) [30 minutes]<br><input type="checkbox"/> Subclass 5 – Laboratory Supervisor (WW5) [30 minutes]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                             |
| <b>Standalone Small System Examinations</b><br><input type="checkbox"/> Dc – Groundwater source that serves less than 500 individuals or 150 connections and requires only disinfection (WDC) [90 minutes]<br><input type="checkbox"/> Dn – Groundwater source that serves less than 500 individuals or 150 connections – no treatment [75 minutes]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>NOTES:</b><br>Guidelines on the average time to take each examination are in brackets next to each examination name. Examination sessions are limited to four (4) hours. Applicants should not register for more examinations than can be completed in the allocated 4 hours.<br><br><i>If you anticipate the need for a testing accommodation due to a disability, your written request must be submitted with your registration form. Written requests <u>must contain the following</u>: (1) a letter from a professional who has made an assessment of your disability, describing the way in which you would be best accommodated, and (2) a letter from you describing the requested accommodation. If you have questions, please contact the State Board for Certification of Water and Wastewater Systems Operators at 717-787-5236 or through PA AT&amp;T Relay Services at 1-800-654-5984 (TDD).</i> |                              |                             |
| <b>Part 5: Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             |
| I hereby certify that all information in this application is true and accurate to the best of my knowledge. I understand that any information provided by me that is not accurate may be grounds for ineligibility for certification to operate a Water or Wastewater System. I understand that examination booklets are the property of the Department of Environmental Protection, and their content is copyrighted. Copying, reproducing, or taking any action to copy or reveal the content of any examination in whole or in part is unlawful.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             |
| <b>Signature of Applicant:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             |
| <b>Send this completed registration to:</b><br>Email Completed Registration to:<br>Mnelsonh2o@aol.com      Or fax to 215-354-0043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                             |