



# State of Louisiana

Louisiana Department of Health  
Office of Public Health

## Operator Certification Exam Application

Completed applications must be submitted no later than 30 days prior to the date of the exam  
Submit all completed applications via email at [opcercert@la.gov](mailto:opcercert@la.gov), fax at 225-342-7494, or mail at address in footer

### 1. PERSONAL DATA

Operator ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
*Last First Middle Initial Suffix*  
Home Address: \_\_\_\_\_  
*Number Street City State Zip Code*  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Name of Employer/Plant: \_\_\_\_\_ City: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Alt Contact Info: \_\_\_\_\_

### 2. EXAMS

Exam Date: \_\_\_\_\_ Location: \_\_\_\_\_  
32 Hour Exam Prep Course (not required for an OPEN exam):  
 WATER 1-2       WATER 3-4       WASTEWATER 1-2       WASTEWATER 3-4  
 OTHER: \_\_\_\_\_  
Course Dates: \_\_\_\_\_ Course Approval # \_\_\_\_\_  
Instructor/Agency: \_\_\_\_\_

Exams Requested (Exam Fees are \$5 per exam and paid onsite after completion of exams):

#### WATER

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Class 1 Water Production   | <input type="checkbox"/> Class 2 Water Production   | <input type="checkbox"/> Class 3 Water Production   | <input type="checkbox"/> Class 4 Water Production   |
| <input type="checkbox"/> Class 1 Water Distribution | <input type="checkbox"/> Class 2 Water Distribution | <input type="checkbox"/> Class 3 Water Distribution | <input type="checkbox"/> Class 4 Water Distribution |
| <input type="checkbox"/> Class 1 Water Treatment    | <input type="checkbox"/> Class 2 Water Treatment    | <input type="checkbox"/> Class 3 Water Treatment    | <input type="checkbox"/> Class 4 Water Treatment    |

#### WASTEWATER

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Class 1 Wastewater Collection | <input type="checkbox"/> Class 2 Wastewater Collection | <input type="checkbox"/> Class 3 Wastewater Collection | <input type="checkbox"/> Class 4 Wastewater Collection |
| <input type="checkbox"/> Class 1 Wastewater Treatment  | <input type="checkbox"/> Class 2 Wastewater Treatment  | <input type="checkbox"/> Class 3 Wastewater Treatment  | <input type="checkbox"/> Class 4 Wastewater Treatment  |

### 3. EDUCATION

Did you receive a high school diploma or equivalent degree/certificate?       Yes       No  
Please submit copies of all diplomas and transcripts with your initial application in order to receive education points

**4. WATER AND/OR WASTEWATER EXPERIENCE**

**Current Employment** Start Date (Month/Year) \_\_\_\_\_ To: **PRESENT**  
Type of Plant: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Total hours worked per week: \_\_\_\_\_  
Are you a Supervisor?:  Yes  No  
Describe your water/wastewater work in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment** Start Date (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_  
Type of Plant: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Total hours worked per week: \_\_\_\_\_  
Are you a Supervisor?:  Yes  No  
Describe your water/wastewater work in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment** Start Date (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_  
Type of Plant: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ City: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Total hours worked per week: \_\_\_\_\_  
Are you a Supervisor?:  Yes  No  
Describe your water/wastewater work in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed, attach additional sheets to this application

**5. SIGNATURE**

I certify that the foregoing data is correct to the best of my knowledge, and in completion this application, do hereby agree to take the required examinations at the time and place designated by the Committee of Certification for Water and Sewerage Works Operators. Any false or erroneous information may be cause for disapproval of this application and / or loss of all certifications.

\_\_\_\_\_  
Date Print Name Signature