



Drinking Water Protection Section
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975

Office Use Only	
Date Received	_____
Approved	_____ Denied _____
Exam Date	_____
Results	P F
Cert. Issued	_____
Cert. Expires	_____
Cert. Number	_____

Receptionist: 651-201-4700
 Certification Office: 651-201-4696 or 651-201-4652 Fax: 651-201-4701
 TDD: 651-201-5797 ; Minnesota Relay Service (Greater MN): 1-800-627-3529

Class E Water Operator Certificate Application

To be eligible to take a certification exam, you must have hands-on operation experience (See certification qualification rules on back page). Please read the Tennessee Warning on the back of this application regarding your rights about the information you provide on the application.

Application Instructions:

- Fill out the application completely with your mailing address, education, and water operation experience. Sign & date the application.
- Mail the application to:

Minnesota Department of Health
 Section of Drinking Water Protection
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975

- Applications must be postmarked no later than 15 days prior to the exam date.
- Upon receipt and verification of this application, we will send you a confirmation postcard listing the time, date, and location of the exam.
- Upon passing the exam, you will be issued a water supply system operator certificate. The certificate may be renewed every 3 years only if the operator has attended at least 4 hours of Minnesota Department of Health (MDH) approved water operations training during the three year renewal period. Renewal training must be attended **before** the certificate expires.
- The MDH will send a renewal notice to the operator one month before the certificate expires.
- For questions regarding operator certification contact Mark Sloan at 651-201-4652, noel.hansen@health.state.mn.us, or Cindy Cook at 651-201-4696 cindy.cook@health.state.mn.us.

Exam Date and Location You Have Selected: _____

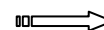
Location

Date

Designated Operator Information (Print legibly and fill out completely):

Operator's Last Name		First Name		Middle Initial
Home Mailing Address			City	State
Home Phone ()		Work Phone ()		Social Security #
Name of Water System or Facility You are Employed by				(Office Use) PWSID# CLASS

Complete Other Side



Education

School	Highest Grade Completed	School Location	Year Grad or GED Completed
High School	(circle one) 7 8 9 10 11 12 GED		

Water Operation Experience

Present Job Title: _____	Date Employed: ____/____/____
Supervisor's Name: _____	Phone: (____)____-____
Give a brief description of the water operation duties you perform at this water system.	

Qualifications

Class E certificate. An applicant for a Class E certificate must:

- A. have a high school diploma or equivalent; **and**
- B. have:
 - (1) at least three months experience in the operation of a Class A, B, C, or D, or E system or facility, or in a related field; **OR**
 - (2) satisfactorily completed a postsecondary program of courses in water or wastewater technology through Vermilion Community College or St. Cloud Technical College.

Tennessee Warning

The Minnesota Department of Health (MDH) will use the information you provided in this application to determine if you meet the requirements for the credential. You are not legally required to provide any of the requested information. Failure to provide the information, however, will result in the denial of your application. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your credential after it is issued.

While your application is pending, the information you submitted, except your name and address, will not be shared outside of the MDH except as authorized or required by law. In such cases, it may then be shared with others, including the Office of the Attorney General, the Minnesota Department of Revenue and persons contacted for purposes of verification or investigation. If the matter of your credential becomes contested, the information you submitted in this application may become public. When you become credentialed all information in this application becomes public, except your social security number, which remains private.

I hereby declare that any statement in the application or information provided is true and complete. I hereby acknowledge that I have read and understand the information above.

By signing this application, you are verifying that you are the hands-on operator and are directly responsible for the operation of this water system.

Operator Signature _____ **Date** ____/____/____