



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, 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

- Class 1 Water Production Class 2 Water Production Class 3 Water Production Class 4 Water Production
- Class 1 Water Distribution Class 2 Water Distribution Class 3 Water Distribution Class 4 Water Distribution
- Class 1 Water Treatment Class 2 Water Treatment Class 3 Water Treatment Class 4 Water Treatment

WASTEWATER

- Class 1 Wastewater Collection Class 2 Wastewater Collection Class 3 Wastewater Collection Class 4 Wastewater Collection
- Class 1 Wastewater Treatment Class 2 Wastewater Treatment Class 3 Wastewater Treatment 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