



[PRINTED ON AGENCY LETTERHEAD]

[DATE]

State Water Resources Control Board Office of Operator Certification Drinking Water Operator Certification Program P O Box 944212 Sacramento, CA 94244-2120

RE: Drinking Water Certification for [NAME OF OPERATOR] [TREATMENT/DISTRIBUTION] Grade Level [T/D1, T/D2, T/D3, T/D4, T/D5]

Position/Title	Start Date	End Date	Treatment Hours (weekly)	Distribution Hours (weekly)	Wastewater Hours (Weekly)	System or Plant Classification

[NAME OF OPERATOR] has been employed with the [NAME OF SYSTEM/PLANT] from [DATE] to [DATE]. During their employment [NAME OF OPERATOR] has held the following positions:

Complete the following for <u>EACH</u> position held at the system.

[The number of hours listed here must be the actual number of hours the operator works per week. Do NOT attempt to calculate any additional operator experience credit in this letter. Any inaccuracies in this letter may cause processing delays and/or application denial. DWOCP staff require the actual number of weekly hours the operator has worked to accurately calculate additional operator experience credit. Overstating the weekly hours worked may be subject to discipline under 106877.]

Specific duties performed:

[DO NOT REFER TO THE OFFICIAL JOB DESCRIPTION/DUTY STATEMENT. THE SPECIFIC DUTIES PERFORMED FOR EACH POSITION, AS DESCRIBED BY THE

Position/Title	Chief/Shift Operator	Date of	System/Plant Name and #		
	Designation	Designation			
	[CHIEF/SHIFT OR N/A]				
	[CHIEF/SHIFT OR N/A]				
	[CHIEF/SHIFT OR N/A]				
DIRECT SUPERVISOR OR CHIEF OPERATOR, MUST BE WRITTEN HERE.					

As the undersigned supervisor of the above referenced operator, I hereby certify that all facts and statements set forth are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as per the Health and Safety Code section 106877.

Supervisor signature	Date

Name:

Title:

Attachments:

- 1. Job description/duty statement, for each position held.
- 2. Current organization chart, with the name and title of the employee and supervisor.
- 3. Water system/plant classification letter or permit.