

**Application for Operator Certification through Reciprocity**

also available online at <http://www.manitoba.ca/certification>

Please print clearly or type and follow instructions on application.

NOTE: If using Adobe Reader text can be inserted directly into form and tab between fields.

**This application is for Operators that hold a valid Operator’s Certificate or similar certificate issued by another party.**

**SECTION A APPLICANT INFORMATION**

Last Name	First Name	Middle Initial(s)
Job Title		Email:
Date of Birth (mm/dd/yyyy)	Telephone:	
Apt	Address	
Town	Province	Postal Code

**Please complete the following. The information provided will be used to evaluate the application for operator certificates under the Water and Wastewater Facility Operators Regulation.**

**Application Fee:**

As per Regulation 77/2003 the fee for this type of operator’s certificate is \$75 for any category and class. Payable by Cheque or money order to “Minister of Finance”.

Payment, and supporting documentation (original certificate from other jurisdiction) and a digital photo in .jpg format of the applicant must be submitted with this application form.

Forward the completed forms & fee to:

Director, Environmental Assessment  
& Licensing Branch  
Manitoba Conservation  
160 – 123 Main Street  
Winnipeg MB R3C 1A5

Please direct questions to:

Certification Program Coordinator  
Phone: (204) 945-7065  
Fax: (204) 945-5229

Personal information is collected under the authority of *The Environment Act*, the *Water and Wastewater Facility Operators Regulation* and will be used to issue certificates and for administration and enforcement purposes. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions, contact the Access & Privacy Co-ordinator, 1383 Whyte Ave., Winnipeg MB R3J 1V7; 1-204-945-4170.

# Application for Operator Certification

SECTION B EMPLOYER INFORMATION (IF CURRENTLY EMPLOYED IN MANITOBA)		
Name of Employer / Operating Authority (RM, City, Company, etc)		
Address		
City	Province	Postal Code
Phone	Fax	Email

SECTION C CERTIFICATE REQUEST INFORMATION			
<b>Please check the box for the certificate(s) for which you are applying.</b>			
If you are applying for a CONDITIONAL certificate, please check the box for the class AND the "CC" box.			
Small System	Water works (water treatment and water distribution)	CC	Wastewater works (wastewater treatment and wastewater collection)
Wastewater Treatment	Class II	CC	Class I  Class III  Class IV
Wastewater Collection	Class II	CC	Class I  Class III  Class IV
Water Treatment	Class II	CC	Class I  Class III  Class IV
Water Distribution	Class II	CC	Class I  Class III  Class IV

SECTION D PREVIOUS CERTIFICATION	
<b>Applicants must forward an original copy of their certificate from an issuing authority or similar proof of certification.</b>	
Type of Certificate:	Operator <input type="checkbox"/> <span style="margin-left: 150px;">Other _____</span> Conditional <input type="checkbox"/>
Certificate issued by: (i.e. Ontario Ministry of the Environment Alberta Environment, etc.)	

## Application for Operator Certification

Date Issued: (mm/dd/yyyy)	Date Expires: (mm/dd/yyyy)
Contact at issuing Authority:	Phone: Email:
Note any conditions or restrictions imposed on this certificate:	

<b>SECTION E APPLICANT VERIFICATION</b>	
By signing this application, I hereby consent to the collection, use, and dissemination of my personal information contained in this application by Manitoba Conservation and its Certification Program Administrator for the purposes of enforcement, renewals, data analysis, and certificate eligibility assessment. I further declare that all information in this application is true.	
Signature of Applicant	Date

<b>For Conservation Staff Use Only:</b>			
Digital Image Enclosed: <input type="checkbox"/>	Verified <input type="checkbox"/>	Reviewed by:	
New Application <input type="checkbox"/>	Re-Classification <input type="checkbox"/>		
Payment Rec'd:	# of Applications ____.	Cheque \$_____.	Company
Operator #	File #		