



This form has not been completed.

Ministry of the Environment and Climate Change

Examination Registration

FAX 807-223-8426

CLASS I to IV

Fields marked with an asterisk (*) are mandatory.

Instructions

Complete this form to register for any water or wastewater certification examination. If applying for an Operator-in-Training (OIT) exam, you may also request to have your OIT certificate(s)/licence(s) issued using this form. To apply for a Class I to IV drinking water certificate or wastewater licence, Water Quality Analyst or limited subsystem certificate please complete the Drinking Water Certificate and Wastewater Licence Application Form (Form 2136).

Submit to the Ministry, care of the Ontario Water Wastewater Certification Office (OWWCO). Please submit your application in one of the following ways:

- 1. Mail: Ontario Water Wastewater Certification Office (OWWCO) 302 The East Mall, Suite 600 Etobicoke ON M9B 6C7
2. Fax: 416-231-2107

For questions please contact an OWWCO representative at info@owwco.ca, 416-231-2100 or 1-877-231-2122

To order study material(s) please complete and submit the Study Manual Order Form.

Proof of Grade 12 completion or equivalent (GED) is required with this application form for those applicants who currently do not hold an OIT or Class 1 to 4 certificate/licence.

Part A - Applicant Verification and Consent

By signing this Examination Registration Form, I hereby consent to the collection, use, and disclosure of my personal information contained in this Examination Registration Form by the Ministry of the Environment and Climate Change and its Certification Program Administrator for the purposes of examination registration, issuance/renewals/upgrades of certificates/licences and enforcement as set out in this form. I further declare that all information in this application is true and correct and that I understand it is an offence under the Ontario Water Resources Act and the Safe Drinking Water Act, 2002 to provide false information.

Signature of Applicant * Date (yyyy/mm/dd) *

Part B - Personal Information

Last Name * First Name * Middle Initial
Operator ID Email Address *
Home Address
Unit Number Street Number Street Name PO Box
City/Town * Province * Postal Code *
Home Phone Number * Cell Phone Number * Please indicate how you prefer to be contacted: *
[] Email [] Mail (Canada Post) [] Home Phone [] Cell Phone
Name of Employer (if applicable) Business Phone Number ext.

Part C - Examination Type *

- [] Operator-in-Training Examination
[] Class I to IV, Limited Subsystem and Water Quality Analyst Examination

Class I to IV, Limited Subsystem, and Water Quality Analyst Examination Registration

Complete this form to register for any certification examinations except the Operator-in-Training (OIT) examination.

Part D - Examination Information

This application form must be received at least four weeks prior to the scheduled examination date. Please see the Exam Schedule for locations and dates.

A maximum of two examinations (in different categories) may be written per examination date (i.e. one water and one wastewater). Applicants may only write examinations one class higher than the class of certificate/licence that they hold. Applicants must wait a minimum of 90 days from the date of writing to take the next class examination or to retry an examination after failure.

In order to cancel/reschedule or alter your examination request you must inform the Ontario Water Wastewater Certification Office in writing, two weeks prior to the scheduled examination date or your request will be denied. The examination application fee is non-refundable. You may reschedule an examination twice free of charge, examinations may not be rescheduled a third time. If you do not write an examination on the second reschedule date, to write the examination you must submit a new application along with the required payment.

Select the language for your examination(s) * English French

Examination results are sent to your personal email address on file. To receive examination result by regular mail check here

Examination Type and Class * (Please check (X) box)	Examination Date * (Only ONE date per examination)	Examination Location * (See Exam schedule)
Water Treatment <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Water Distribution <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Water Distribution and Supply <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Wastewater Treatment <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Wastewater Collection <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Limited Subsystem <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water		
Water Quality Analyst <input type="checkbox"/> WQA		

Part E - Check List

Prior to submitting this application you must enclose and check off the requirements of this application to verify your application is complete.

- Proof of Grade 12 or equivalent (GED)
- Payment Enclosed *
- Your signature to verify the information provided. *

Personal information provided on this form is collected by the Ontario Water Wastewater Certification Office (OWWCO) on behalf of the Ministry of the Environment and Climate Change in accordance with the *Safe Drinking Water Act*, 2002 S.O. 2002, c. 32, as amended (SDWA) and Ontario Regulation 128/04 and the *Ontario Water Resources Act*, R.S.O. 1990, c. O.40, as amended (OWRA) and Ontario Regulation 129/04. The collection, use and dissemination of this information are governed by the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended (FOIPPA).

The information gathered herein will be used for the principle purpose of assessment and verification of eligibility for, and issuing of, a drinking water operator certificate, a wastewater licence or a water quality analyst certificate; as well as for secondary purposes including reporting, investigating and law enforcement under the aforementioned Acts and regulations (including the *Health Protection and Promotion Act*, O. Reg. 318/08, O. Reg. 319/08, and the use by the Ministry of the Environment and Climate Change's Investigations and Enforcement Branch). Information contained on this Examination Registration form, with the exception of payment information may be disclosed to other government agencies (including municipalities, public health unit employees, the Walkerton Clean Water Centre, Ministry of Health and Long Term Care and Ministry of Natural Resources) pursuant to "section 42" of FOIPPA for the consistent purpose of administering the OWRA and the SDWA that pertains to drinking water and safety.

Part E - Payment InformationPlease make cheques or money orders payable to the **MINISTER OF FINANCE**.

Total Payment Due	Payment Method *		
	<input type="checkbox"/> Cheque(s)	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order(s)
Card Holder's Name	VISA / MasterCard Number	Expiry Date (mm/yy)	
Card Holder's Signature <input type="checkbox"/> I	Date (yyyy/mm/dd)	Phone Number	ext.

Receipt Information

Send Receipt

To: <input type="checkbox"/> Same as Part B	By: * <input checked="" type="checkbox"/> Email	<input type="checkbox"/> Regular Mail (Canada Post)	
Last Name *	First Name *	Middle Initial	
Unit Number	Street Number	Street Name	PO Box
City/Town *	Province *	Postal Code *	
Email Address *			

Save Form**Print Form****Clear Form**



Keewaytinook Centre of Excellence

Phone: 807-735-1381 ext. 4001
Fax: 807-223-8426

100 Casimir Ave Suite 209
Dryden, ON P8N 3L4

Ontario Water Wastewater Certification Office
302 The East Mall, Suite 600
Etobicoke, ON M9B 6C7

To: Ontario Water Wastewater Certification Office

Re: Exam Confirmation Letters

Please forward the exam confirmation letter via email to
christyhopp@kochiefs.ca as well as to my email address on the application.

Thank you

Operator Name

Operator Signature