



201-3833 Henning Drive
 Burnaby, BC V5C 6N5
 eocp@eocp.ca
 www.eocp.ca
 T 604.874.4784 F 604.874.4794
 Toll Free 1.866.552.EOCP

APPLICATION FOR CERTIFICATION – LEVEL II

Please make sure you print clearly and complete all sections of this application form (except Part 2B, which is to be completed by your supervisor). Please keep a copy for your records.

Please submit your completed application to the Environmental Operators Certification Program (EOCP). Your application must be received at least 3 weeks prior to your preferred exam date to allow time to process the applications.

AFTER YOU APPLY

EOCP will assess your application and determine if you have the required combination of education and experience to qualify for certification. You will be contacted about the results of the assessment within 15 business days, and if approved, to schedule your exam.

PAYMENT OF FEES

The fees at right will be charged upon completion of the assessment. Payment may be made by Visa, MasterCard, or cheque. Please contact the EOCP office to arrange for payment. Fees must be received in full, a minimum of one week prior to your exam date.

Application fee	\$25.00
Exam fee	\$150.00
Subtotal	\$175.00
GST (5%) (#89383 7971 RT0001)	\$8.75
Total	\$183.75

WRITING THE EXAM

You must bring valid government-issued photo identification to the exam. You may use a standard calculator (cell phones, tablets, or other personal electronic devices may not be used). You will have 3 hours to write the exam. The passing grade is 70%. You may not bring books.

If you cancel within 7 days of your scheduled exam, a rescheduling fee of **\$50** will be applied.

PART 1: APPLICANT AND EXAMINATION INFORMATION

A. Personal Information – Please Print

Last Name:		First Name:		Middle Initial:
Date of Birth (DD/MM/YYYY):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address (Number, Street, PO Box, RR or Suite Number):				
City:	Province:	Postal Code:		
Work Phone Number:		Mobile Phone Number:		
Email Address (all communication from EOCP will be sent to this address):				Is this your work or personal email address? <input type="checkbox"/> Work <input type="checkbox"/> Personal
Certification Number:	Are you a member of a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Band Number:	

B. Examination Information

Facility / System Type	Level II	Requested Exam Date (DD/MM/YYYY):
Water Treatment	<input type="checkbox"/>	Requested Exam Location:
Water Distribution	<input type="checkbox"/>	EOCP Exam Schedule: http://www.search.eocp.ca/ExamSessions.php
Wastewater Treatment <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial	<input type="checkbox"/>	Are your EOCP dues up to date? <input type="checkbox"/> Yes (This is mandatory.)
Wastewater Collection	<input type="checkbox"/>	Have you met the CEU requirements? <input type="checkbox"/> Yes (This is mandatory) (BWD / OIT exempt)

NOTE: YOU CAN CHECK IF YOUR DUES AND CEUS ARE UP TO DATE IN THE EOCP DATABASE:
<http://www.search.eocp.ca/login-form.php>



EOCP

Environmental Operators
Certification Program

201-3833 Henning Drive
Burnaby, BC V5C 6N5

eocp@eocp.ca
www.eocp.ca

T 604.874.4784 F 604.874.4794
Toll Free 1.866.552.EOCP

APPLICATION FOR CERTIFICATION – LEVEL II

Name of Applicant: _____

PART 2: CERTIFICATION REQUIREMENTS

A. Operating Experience

Please provide information about your operating experience with your **current employer**. You must be currently employed in BC or the Yukon. **Please submit a copy of your job description with this application.**

If applicable, provide information about your operating experience with **previous employers**. Please make additional copies of this page if required.

Name of Employer:		Start Date (DD/MM/YYYY):	To Date (DD/MM/YYYY):
Position Title:		Location:	
Supervisor Name:		Supervisor Title:	
Supervisor Phone Number:		Supervisor Email Address:	
List the names of the facilities/systems you currently work in, or facilities/systems related to the certification you are applying for. Note: If the facility/system you work in is not yet classified, contact the EOCP office for information on having it classified. You can look up facility/system numbers in the EOCP database: http://www.search.eocp.ca/searchfacilities.html			
Facility or System			% or Hours of Operating Experience
Fac. Number:	Name:		
Start Date (DD/MM/YYYY):	To Date (DD/MM/YYYY):		
Fac. Number:	Name:		
Start Date (DD/MM/YYYY):	To Date (DD/MM/YYYY):		
Fac. Number:	Name:		
Start Date (DD/MM/YYYY):	To Date (DD/MM/YYYY):		
Fac. Number:	Name:		
Start Date (DD/MM/YYYY):	To Date (DD/MM/YYYY):		
Fac. Number:	Name:		
Start Date (DD/MM/YYYY):	To Date (DD/MM/YYYY):		
Total % or Hours at All Facilities			
Do you operate on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, do you operate on a seasonal basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If seasonal, how many months per year?	
Are you claiming related work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide verification		See page 17 of EOCP Program Guide for examples of related experience http://eocp.ca/wp-content/uploads/2015/10/EOCP-Program-Guide-1-July-2015-.pdf	



EOCP

Environmental Operators
Certification Program

201-3833 Henning Drive
Burnaby, BC V5C 6N5

eocp@eocp.ca
www.eocp.ca

T 604.874.4784 F 604.874.4794
Toll Free 1.866.552.EOCP

APPLICATION FOR CERTIFICATION – LEVEL II

Name of Applicant: _____

B. SUPERVISOR VERIFICATION

Each supervisor listed in this application must complete this **Supervisor Verification**. EOCP will contact the supervisors to confirm the verification. The information provided will be used to assess and validate the applicant's work experience. Please make additional copies of this page if required.

Note:

- The applicant's work experience may not be verified by a family member of the applicant.
- Operators may not verify their own work experience.
- It must be signed by the Operator's manager, or Supervisor.

I confirm that (name of applicant) _____ has worked <input type="checkbox"/> full time or <input type="checkbox"/> part time for _____ years / months, and has spent the following percentage of time / number of hours per year working in each facility:				
Facility	% of Time per Year	Number of Hours per Year	Does the applicant operate the system on a regular basis, similar to other Operators in the system?	Does the applicant operate primarily as a backup Operator (vacation, sick leave, on call)?
Water Distribution			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Water Treatment			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Wastewater Treatment			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Wastewater Collection			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Supervisor Name (please print)			Supervisor Certification Number (if certified Operator)	
If supervisor's name is different from name entered in Part 2A, please explain:				
Supervisor Signature:			Date (DD/MM/YYYY):	



EOCP

Environmental Operators
Certification Program

201-3833 Henning Drive
Burnaby, BC V5C 6N5

eocp@eocp.ca
www.eocp.ca

T 604.874.4784 F 604.874.4794
Toll Free 1.866.552.EOCP

APPLICATION FOR CERTIFICATION – LEVEL II

Name of Applicant: _____

4: Application Checklist and Applicant Declaration

A. Application Checklist

To avoid delays in processing, please use the following checklist to ensure that the required supporting documents are submitted with your application and that all sections are complete.

All applicable boxes must be checked.

Note:

- In some cases, you may substitute training for experience, and vice versa. For more information on training and experience substitutions, see pages 13–17 of the *EOCP Program Guide*. <http://www.eocp.ca/wp-content/uploads/2015/07/EOCP-Program-Guide-2015.pdf>

Certification Requirements	
Certification	<input type="checkbox"/> I have an Operator Level I certificate in the same type of facility/system that I am applying for.
Operating Experience	<input type="checkbox"/> I have a minimum of 3 years (5,400 hours) of operating experience at a classified facility. <input type="checkbox"/> My supervisor has signed this application, verifying my work experience. <input type="checkbox"/> I currently work in BC or the Yukon
Substitutions	<input type="checkbox"/> If applicable: I have at least 2,700 hours of operating experience and am substituting related work experience for the remaining 2,700 hours of operating experience. <input type="checkbox"/> If applicable: I am substituting up to 45 CEUs of post-secondary education or training for up to 1 years (1,800 hours) of operating experience, providing it hasn't already been used to write a different exam.

Supporting Documents

I have provided a copy of the following:

- Completion certificates for courses taken
- For all employers listed, official job description (or list of duties) for the utility in which I am applying for certification, signed and dated by supervisor

Note: If your job description does not list your major operational duties related to water or wastewater, also submit a list of duties, signed and dated by your supervisor. For examples of Operator duties, see page 9 of the *EOCP Program Guide*.

<http://www.eocp.ca/wp-content/uploads/2015/07/EOCP-Program-Guide-2015.pdf>

B. Applicant Declaration

Information concerning your work experience can be subjective. However, you are required to provide documentation where available to establish the nature of your duties and hours worked at those duties. If you are estimating, you are required to indicate that you are estimating. Estimates should be conservative and verifiable. If you provide information that is not accurate, you may lose any certification granted, and you may be subject to discipline, including the imposition of penalties. Please make yourself familiar with Chapter 3.9 of the *Policy and Procedure Manual*. <http://www.eocp.ca/wp-content/uploads/2013/11/ECOP-Policy-and-Procedures-Manual.pdf>

Have you ever had a water or wastewater operator certificate revoked in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Refer to <i>Policy and Procedure Manual</i> : 3.1 Facility Classification and Operator Certification (Terms of a Certificate).
Have you ever been convicted of a criminal offence relating to protection of public health or the environment? <input type="checkbox"/> Yes <input type="checkbox"/> No Refer to <i>Policy and Procedure Manual</i> : 3.1 Facility Classification and Operator Certification (Terms of a Certificate).
I have read the Member Code of Ethics <input type="checkbox"/> Yes <input type="checkbox"/> No Refer to <i>Policy and Procedure Manual</i> : 3.2 Member Code of Ethics.



EOCP

Environmental Operators
Certification Program

201-3833 Henning Drive
Burnaby, BC V5C 6N5

eocp@eocp.ca
www.eocp.ca

T 604.874.4784 F 604.874.4794
Toll Free 1.866.552.EOCP

APPLICATION FOR CERTIFICATION – LEVEL II

Name of Applicant: _____

C. Authorization to Collect Personal Information

I hereby agree that the Environmental Operators Certification Program (EOCP) may:

- Request information, documents and/or records regarding my education, training, work experience, and certification from my current and former employers;
- Obtain information from Government bodies or organizations that issue qualifications related to my skill and knowledge;
- Contact government departments, boards or agencies, educational institutions I may have attended, and current and former employers inside, or outside of Canada, to verify my certification, training, work experience and education;
- Release your exam results to your employer;
- Make changes to your employment and operator profile on the EOCP's database.

I declare that:

All information I have provided or will provide to the EOCP in the future is true and complete.

I agree to:

Immediately notify the EOCP regarding any updates to the information I have provided.

I acknowledge that:

If I provide false information or documentation to the EOCP, or fail to provide information or documents requested by the EOCP:

- My application to write an exam may be denied;
- My certificate(s) issued by the EOCP may be cancelled, and I may not be allowed to reapply for certification.
- I may be subject to discipline, including penalties, as described in Chapter 3.9 of the Policy and Procedure Manual.

Applicant Signature:	Date (DD/MM/YYYY):
----------------------	--------------------

EOCP OFFICE USE ONLY

Approved to write? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff signature:	Date (DD/MM/YYYY):
--	------------------	--------------------