



201-3833 Henning Drive
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 www.eocp.ca
 T 604.874.4784 F 604.874.4794
 Toll Free 1.866.552.EOCP

APPLICATION FOR CERTIFICATION - OIT

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
\$50 exam rescheduling fee	
\$70 annual dues for first time writers	

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 for Existing Operators:		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 - OIT	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"/>	Are your EOCP dues up to date? <input type="checkbox"/> Yes (Mandatory if already certified with the EOCP)
Wastewater Collection	<input type="checkbox"/>	Have you met the CEU requirements? <input type="checkbox"/> Yes (Mandatory if already certified) (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>



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PART 2: CERTIFICATION REQUIREMENTS

A. Operating Experience

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, or you can use the additional employer form on the EOCP website at www.eocp.ca/forms

If you are not currently, employed in the industry , or a student , please indicate that here.

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 at, 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?	

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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.
- If you do not have operating experience, and are using a course to meet the requirements to write the exam, please leave this section blank.

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):	

Part 3: EDUCATION REQUIREMENT

Grade 12, Adult Graduation Diploma, GED, Trade Certificate, Post-Secondary Diploma, or equivalent.

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PART 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.

Certification Requirements	
Certification	<input type="checkbox"/> No prerequisite required.
Education	<input type="checkbox"/> I have Grade 12, Adult Graduation Diploma, GED, Trade Certificate, Post-Secondary Diploma, or equivalent.
Operating Experience	<input type="checkbox"/> I have a minimum of 3 months (500 hours) of operating experience at a classified facility. <input type="checkbox"/> If applicable, I am substituting 9 CEUs of courses, directly applicable to the utility I am applying to write in, for 500 hours of operating experience. (Example: CSUS 9 CEU correspondence courses.)

Supporting Documents

I have provided a copy of the following:

- Copy of high school transcript or diploma, adult graduation diploma, GED, trade certificate, post-secondary diploma, or equivalent. (If you are currently certified in the program with an OIT or higher certificate, you are not required to provide a copy of the requested proof of education.)
- Where applicable, a copy of the 9 CEU course completion certificate(s).
- 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



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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):
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EOCP OFFICE USE ONLY

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