

Submit the completed application to the address listed below.



**REGISTRATION FOR WATER OPERATOR TRAINING COURSES AND INDIVIDUAL EXAMINATION**

DHHS Drinking Water Program  
 PO Box 98922, Lincoln NE 68509-8922  
 Phone: 402-471-0523 / FAX: 402-471-2909

**Instructions for Completing the Application**

**Water Operator Training Courses – Applicants Must Complete Sections A, B, D, and E  
 Grades I – IV and VI Individual Examinations – Applicants Must Complete Sections A, C, D and E  
 Grade V Examination – Applicants Must Complete Sections A and C**

**SECTION A – Applicant Identity and Contact Information**

First Name:		Middle/MI:	Last Name:	
Mailing Address <input type="checkbox"/> Work <input type="checkbox"/> Home	Street/PO/Route:			
	City:	State:	Zip:	
Daytime Phone Number:		Email Address:		
Social Security Number: <small>Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</small>				

**SECTION B – Select the Water Operator Training Course you wish to register for**

Correspondence Course for Grade IV Water Operator Training: <input type="checkbox"/> IV		
Water Operator Classroom Training Course: Grade (check one) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
Course Location:	City:	Course Dates:

**SECTION C – If you wish to only take an exam for water operator licensure** – Education and experience must meet requirements of Title 179 NAC 10-006. **NOTE:** Individual water operator examinations are typically scheduled for the 1<sup>st</sup> Monday of every month at DHHS offices located in Chadron, North Platte, Grand Island, Norfolk, Lincoln and Blair. **REGISTRATION FORM FOR EXAMINATION ONLY MUST BE RECEIVED BY THIS OFFICE A MINIMUM OF TEN WORKING DAYS PRIOR TO THE SCHEDULED EXAM**

What Level Water Operator License Examination Are You Applying For? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Nebraska Water Operator Certification(s)/License(s) Held (Current or Expired)? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Certification/License Number(s):	Date(s) of Expiration:
What 1 <sup>st</sup> Monday of the month and office location do you wish to schedule for the requested individual examination? Date:	Location:
<b>NOTE:</b> If you are requesting an <b>individual examination for Grade VI licensure</b> , please provide the following information	
Dates of attendance at the required minimum 32-hour backflow prevention training course:	Location:
Who was the provider of the backflow prevention training course?	

**SECTION D – EDUCATION AND EXPERIENCE** – Education and experience for the desired license grade must meet requirements of Title 179 NAC 10-006. Attach additional sheets as needed.

High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equivalency (Identify the equivalency; GED, etc.):	
Colleges or Specialized Schools and Locations (List Separately):	Dates Attended:		Major:
	From:	To:	
			Credit Hours or Degree Obtained:

Name of Public Water System where Employed or Employer:		If employer is a public water system, in what County is the system located:
Address of Employer (Street/PO Box, City, State, Zip):		
Dates of Employment:	From:	To:
Describe your duties in the water system:		
Name of Supervisor:		Supervisor's Phone Number:
Were/are you the Licensed Operator in Responsible Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Include additional experience details as necessary to verify examination eligibility:		
<p><b>Military:</b> Did you complete education, training, or service that you believe is substantially similar to the <b>education or training (pick either education/training as required by profession)</b> required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, include evidence with this Application.</b></p>		

**SECTION E – FEES**

Grade 4 Correspondence Course:	<input type="checkbox"/> \$80.00 (includes exam)
Grade 4 Classroom Course (2 days):	<input type="checkbox"/> \$80.00 (includes exam)
Grade 3 Classroom Course (5 days):	<input type="checkbox"/> \$200.00 (includes exam)
Grade 1 and 2 Classroom Course (5 days):	<input type="checkbox"/> \$200.00 (includes exam)
<b>Books for Courses:</b> It is <b>recommended</b> that you have the same edition that the course is using.	
Do you wish to order books for the course? <input type="checkbox"/> Yes <input type="checkbox"/> No (Books are distributed on the first day of the course.)	
<b>For Grade 3 and 4 Courses and Grade 4 Correspondence Course, the required books are:</b>	
California State University, Small System Operation and Maintenance, 6 <sup>th</sup> Edition	<input type="checkbox"/> \$90.00
California State University, Distribution System Operation and Maintenance, 7 <sup>th</sup> Edition	<input type="checkbox"/> \$90.00
<b>For Grade 1 and 2 Combined Course, the required books are:</b>	
California State University, Water Treatment Plant Operation, Volume 1, 7 <sup>th</sup> Edition	<input type="checkbox"/> \$90.00
California State University, Water Treatment Plant Operation, Volume 2, 7 <sup>th</sup> Edition	<input type="checkbox"/> \$90.00
<b>Examination Fee</b> (Required for individual exam only):	<input type="checkbox"/> \$50.00
Total Charges	\$ _____
<p><b>NOTE: PAYMENT PROCESS</b> (Make check payable to DHHS Division of Public Health)</p> <ul style="list-style-type: none"> <li>• PAYMENT BY CHECK OR MONEY ORDER.</li> <li>• <u>FOR CORRESPONDENCE COURSE</u> – SUBMIT PAYMENT FOR TOTAL CHARGES WITH SUBMITTAL OF THIS COMPLETED APPLICATION.</li> <li>• <u>FOR INDIVIDUAL EXAMINATION AND OTHER WATER OPERATOR TRAINING COURSES</u> – <b>DO NOT PREPAY.</b></li> <li>• SUBMIT PAYMENT FOR TOTAL CHARGES ON THE DAY OF THE INDIVIDUAL EXAM OR 1<sup>st</sup> DAY OF THE WATER OPERATOR TRAINING COURSE, OR INDICATE IN THE BOX BELOW YOUR REQUEST TO BE INVOICED FOR THE TOTAL CHARGES.</li> <li>• THERE IS NO FEE FOR GRADE V WATER OPERATOR EXAMINATION.</li> </ul> <p>Upon successful completion of the appropriate examination, an application for licensure will be provided to the applicant for completion and submittal to the Department accompanied by the appropriate license fee.</p>	
Bill Water System: <input type="checkbox"/> (A license will not be issued until all fees are collected and all requirements for licensure are met.)	System Name to be Billed:
	Address:
	Email Address: