

This form has not been completed.

Ministry of the Environment and Climate Change

Examination Registration

FAX 807-223-8426

OIT

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 - Applican	t Verificatio	n and Co	onsent 🗤			
By signing this Exam this Examination Re purposes of examina declare that all information	nination Regis gistration Forn ation registration mation in this a	tration For n by the M on, issuar application	m, I hereby consent to linistry of the Environn ce/renewals/upgrades	nent and Climate Change of certificates/licences and that I understand it is an	and its Certification id enforcement as s	sonal information contained in Program Administrator for the et out in this form. I further Ontario Water Resources Act
Signature of Applica	nt *				Date (yyyy/mm/dd) *	
Part B - Personal	Information				7.72 <u>2</u> 77.75	
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Home Phone Number * Cell Phone N		ne Number *	Please indicate how you prefer to be contacted: * Email Mail (Canada Post) Home Phone Cell Phone			
Name of Employer (i	f applicable)				Business	Phone Number
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Part C - Examinat	grass - Telegrap c		3. 基础的 \$4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		in burner di Mi	
Operator-in-Train	ing Examinatio	on				
Class I to IV, Limi	ted Subsysten	n and Wat	er Quality Analyst Exa	emination		

The Operator-in-Training Examination Registration form is used for applying to write any or all of the following Operator-In-Training
(OIT) examinations:
Wastewater Treatment Wastewater Treatment
Water Distribution/Distribution and Supply Wastewater Collection
Please note that the Water Distribution OIT exam and the Water Distribution and Supply OIT exam are the same.
Part D - Operator-in-Training Examination Information
This application form must be received at least 4 weeks prior to the scheduled examination date. Please see the Exam Schedule for locations and dates for Program Administrator site exam sessions.
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
You have the option of writing 1, 2, 3, or 4 OIT examination modules (water treatment, water distribution/distribution and supply, wastewater treatment and/or wastewater collection); regardless of the number of modules the fee is \$50.
Select your examination module(s): *
Water Treatment Water Distribution/Distribution and Supply Wastewater Treatment Wastewater Collection
Examination results are sent to your personal email address on file. To receive examination result by regular mail check here
Examination Session Type *
✓ Program Administrator Site (OWWCO) ☐ College Site
Part D1 - Program-Administrator Site (OWWCO)
Complete this section if you are requesting to write an examination at a scheduled Program Administrator's site:
Site Name (see Exam Schedule) * Examination Date (yyyy/mm/dd) *
Site Name (see Examination Date (yyyymmiad)
Part E - Certificate/Licence Request
Part E - Certificate/Licence Request
Part E - Certificate/Licence Request Would you like to request the issuance of OIT certificate(s)/licence(s) upon a passing grade on the examination(s).* Yes No
Part E - Certificate/Licence Request Would you like to request the issuance of OIT certificate(s)/licence(s) upon a passing grade on the examination(s): * ☐ Yes ☐ No Please check the box (☑) for the type of OIT certificate(s)/licence(s) for which you are applying: *
Part E - Certificate/Licence Request Would you like to request the issuance of OIT certificate(s)/licence(s) upon a passing grade on the examination(s): *
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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.

Please make cheque	s or money orde	rs payable	to the MIN	ISTER OF FINANCE.			
Total Payment Due	Paym	ent Method	.*				
\$50.00	☐ CI	heque(s)	Us/	A MasterCard	Money Order(s)		
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Card Holder's Signature				Date (yyyy/mm/dd) Phone N		umber	
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Acknowledgement of Understanding

Complete this sheet if you are writing a drinking water or wastewater exam	nination
without having provided proof of completing Grade 12 or equivalent.	

Examination type (e.g. Operator-in-Training Exam)

I understand that once I have written and passed the above examination I will not be eligible for the issuance of any certificate(s)/licence(s) until I have provided the Ontario Water Wastewater Certification Office (OWWCO) with proof of completion of Grade 12 from the Province of Ontario, or equivalent education qualifications in accordance with the mandatory requirements of Schedule 2, Qualifications for Operator's Certificates/Licences, of O. Reg. 128/04, and O. Reg. 129/04.

Please note examination results are valid for a period of 5 years. After 5 years, the results will no longer be considered an examination approved by the Director and the examination must be re-written in order to obtain an operator's certificate/licence.

For information on what is considered equivalent to Grade 12 please see the Ministry of the Environment's Guideline 3.1 *Grade 12 Equivalency*.

i (print name above) agree to the above terms

Signature (please sign above)

Dated (mm/dd/yyyy)

Please return this completed sheet to OWWCO along with your exam application.

If you have any questions regarding this sheet please contact OWWCO customer service at:

Tel: 416 231-2100

Toll Free: 1 877 231-2122

Fax: 416-231-2107 Email: info@owwco.ca



Keewaytinook Centre of Excellence

Phone: 807-735-1381 ext. 4001 100 Casimir Ave Suite 209 Fax: 807-223-8426 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