



State of Idaho  
Division Of Occupational and Professional Licenses  
Drinking Water and Wastewater Professionals Board

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233  
dopl.idaho.gov

### Application for Wastewater Licensure

Select Application Type:

- |  |  |  |  |
|--|--|--|--|
| <input type="radio"/> Initial License<br>OIT or Class I<br>(\$55.00) | <input type="radio"/> OIT License Upgrade<br>Upgrade to Class I<br>(\$25.00) | <input type="radio"/> License Upgrade<br>Upgrade to Class II+<br>(\$25.00) | <input type="radio"/> Endorsement<br>(\$55.00) |
|--|--|--|--|

Select License Type:

- |   |   |
|---|---|
| <input type="radio"/> Wastewater Treatment  | <input type="radio"/> Wastewater Laboratory Analyst         |
| <input type="radio"/> Wastewater Collection | <input type="radio"/> Wastewater Treatment Land Application |

Select License Class:

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="radio"/> Operator-in-Training         | <input type="radio"/> Class I Restricted | <input type="radio"/> Class III |
| <input type="radio"/> Lagoon (Treatment Only)      | <input type="radio"/> Class I            | <input type="radio"/> Class IV  |
| <input type="radio"/> Very Small Wastewater System | <input type="radio"/> Class II           | <input type="radio"/> N/A       |

### Applicant Information

---

---

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122)

Address of Record: \_\_\_\_\_  
(The above address is a public record. Street Address, City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(Applicant Residential Address. Used as public address of record if not provided above. Street Address, City, State, Zip Code.)

Cell Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_  
(The above phone number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)

Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?  Yes  No

Do you hold a current wastewater license in Idaho issued by the Division of Occupational and Professional Licenses?  Yes  No

Have you ever had a license or registration denied, surrendered, suspended, revoked, or otherwise disciplined in any state, including Idaho, or other jurisdiction?  Yes  No  
(If yes, complete and submit the Disclosure Form with this application)

Have you ever received a conviction, finding of guilt, withheld judgment or suspended sentence for any felony in any state, including Idaho, or other jurisdiction?  Yes  No  
(If yes, complete and submit the Disclosure Form with this application)

---

---

## Education

Do you hold a high school diploma or GED?  Yes  No

Do you meet the post high school educational requirement?  N/A  Yes  No  
2-years post high school education required (Class III)  
4-years post high school education required (Class IV)

If no, are you using any substitutions for education or experience?  Yes  No  
Only allowable for a Class II or higher license. Education substituted for on-site operating experience may not be also credited toward the education requirement.

### Substituting Experience for Education

Class III+ License - One (1) year of additional responsible charge time = one (1) year post-high school education.

I would like to substitute \_\_\_\_\_ year(s) of responsible charge experience for \_\_\_\_\_ year(s) of education.

### Substituting Education for Experience

Class II License - May substitute up to 50% of experience, maximum of 1.5 years  
Class III+ License - May substitute up to 50% of experience, maximum of 2 years

I would like to substitute \_\_\_\_\_ year(s) of education for \_\_\_\_\_ year(s) of experience.

---

---

## Experience

Do you meet the experience requirement? (Answer Yes or No for the license type in which you are applying)

**Operator-in-Training**  Yes  No  
• Must meet one of the following requirements:  
 Attending Apprenticeship Program  
 Employed by: \_\_\_\_\_

**Land Application –**  Yes  No  
• Document a minimum six (6) months of on-site operating experience at a wastewater land application system

**Lagoon Operator –**  Yes  No  
• Document twelve (12) consecutive months of acceptable on-site operating experience at a Lagoon system

**Very Small Wastewater System –**  Yes  No  
• Fifty (50) hours of acceptable on-site operating experience at a wastewater collection system  
• Fifty (50) hours of acceptable relevant on-site operating experience at a wastewater treatment system or lagoon  
• Complete an approved six-hour pumps and motors course or an

approved six-hour collection course or a combination of said approved courses equaling six (6) hours

- Complete an approved six-hour lagoon operation and maintenance course; or an approved six-hour large soil absorption system course or an approved six-hour wastewater treatment course or a combination of said approved courses equaling six (6) hours

**Class I Restricted –**

Yes  No

- Document two hundred sixty (260) hours of acceptable relevant on-site operating experience during twelve (12) consecutive months with the system
- Complete sixteen (16) hours of continuing education relevant to the license

**Class I Operator –**

Yes  No

- Document one (1) year of acceptable relevant on-site operating experience at a DEQ Class I or higher system or successfully complete one (1) year of an Approved Apprenticeship Program

**Class II Operator –**

Yes  No

- Document three (3) years of acceptable relevant on-site operating experience at a DEQ Class I or higher system or successfully complete an Approved Apprenticeship Program

**Class III Operator –**

Yes  No

- Document four (4) years of acceptable relevant on-site operating experience
- Two (2) years of the relevant on-site operating experience mentioned above must include responsible charge of a major segment of a DEQ Class II or higher system

**Class IV Operator –**

Yes  No

- Document four (4) years of acceptable relevant on-site operating experience
- Two (2) years of the relevant on-site operating experience mentioned above must include responsible charge of a major segment of a DEQ Class III or higher system

## **Examination**

---

If applying via endorsement, have you taken and passed the applicable examination through ABC Testing? (Passing score is 70% or higher)

Yes  No

Was the exam taken in the State of Idaho?

Yes  No

If no, you must include a copy of the test scores with this application.

## **Application Checklist**

---

The following documentation must be submitted with this application:

- Processing fee
- Copy of your High School Diploma or GED, unless already on file with DOPL
- Copy of passing exam test score from ABC Testing
- License verification from other state, if endorsement application
- Employment Addendum (Not applicable for Operator-in-Training applicants)
- Job description from employer
- Letter explaining education and experience calculation, optional if substituting experience  
or  
education
- Denial, Surrender or Revocation Documentation from another state board, if applicable
- Disclosure Statement Form, if applicable

The following documentation must be submitted if applying for a Class III or Class IV license:

- College Transcripts showing: 2-years post high school education (Class III)  
4-years post high school education (Class IV)

### **Certification**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me.

---

Signature of Applicant

---

Date

## Employment Addendum Wastewater Licensure Current Employer

**NOTE: Self-verification will not be accepted**

Applicant Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Current Employer: \_\_\_\_\_

System Classification:    Lagoon (Treatment Only)                       Collection  
                                  Very Small Wastewater System                       Treatment  
                                  Wastewater Treatment Land Application                       Wastewater Laboratory Analyst

System Type:    Class I         Class II         Class III         Class IV         Other: \_\_\_\_\_  
(Only required for collection or treatment systems)

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### Number of Hours Worked

NOTE: The number of hours worked may NOT include vacation, sick, or paid holidays taken. Applicants may not receive more than one (1) year of experience for hours worked in excess of one thousand six hundred (1,600) hours in a calendar year unless specifically approved by the Board based upon documentation submitted by the Applicant (IDAPA 24.05.01.300.03).

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                 mm    dd    yyyy                      mm    dd    yyyy

Dates of Responsible Charge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Required for Class III or IV License)    mm    dd    yyyy                      mm    dd    yyyy

Total Number of On-Site Experience Hours: \_\_\_\_\_ hours

Total Number of Responsible Charge Experience Hours: \_\_\_\_\_ hours

Are the above dates taken from payroll records:     Yes         No

If No, please explain: \_\_\_\_\_

**Job Duties Relevant to Class of Licensure**

*If applying for Class 3 or higher, list responsible charge duties.*

*NOTE: An operator-in-training cannot accept or perform the designated responsible charge duties at any system (IDAPA 24.05.01.250.04)*

**Certification**

Upon oath I certify each of the following: the responses and information provided in this addendum is true and correct to the best of my knowledge; falsification of any information could lead to disciplinary including but not limited to revocation of licensure; any of the hours submitted are subject to additional verification.

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Job Duties Relevant to Class of Licensure**

*If applying for Class 3 or higher, list responsible charge duties.*

*NOTE: An operator-in-training cannot accept or perform the designated responsible charge duties at any system (IDAPA 24.05.01.250.04)*

**Certification**

Upon oath I certify each of the following: the responses and information provided in this addendum is true and correct to the best of my knowledge; falsification of any information could lead to disciplinary including but not limited to revocation of licensure; any of the hours submitted are subject to additional verification.

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Disclosure Statement for Criminal Conviction or Denial, Surrender or Revocation of a License/Registration

Felony Conviction

Denial, Surrender or Revocation of a License/Registration

Applicant Name: \_\_\_\_\_

Please complete one form for each conviction, regardless of when the crime was committed or whether it was a withheld judgement or suspended sentence. All fields must be completed. If the question does not apply, please write N/A in the box.

Felony Conviction				
Maiden Name/Aliases:				
Conviction Date:		Case/Docket Number:		
Court Name and Location:				
Crime:				
Are you listed on the Idaho Sex Offender Registry?	Yes	No		
Sentence: <small>(Punishment imposed by the court)</small>				
Incarceration Date:		Release Date:		
Probation/Parole Date:		Release Date:		
Fines (amount):	\$	Have these fines been paid?	Yes	No
Restitution (amount):	\$	Have these fines been paid?	Yes	No
Brief description of the crime:				
Rehabilitation Efforts: <small>(What positive changes have you made in your life since this conviction?)</small>				

Denial, Surrender or Revocation of a License/Registration			
Date of occurrence:		State:	
Explanation:			
Certification:	<input type="radio"/> Yes, I have attached board documentation regarding disciplinary action that occurred in another state.		