

**WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Application for Reciprocal Certification in Wastewater, Collection, or Lagoons**

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Email completed application to [opcert@wyo.gov](mailto:opcert@wyo.gov) If unable to submit by e-mail, Fax to 307-777-6779.

**A. This Is An Application For: Select **one (1)** certificate from the list below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Level 1, Wastewater Treatment Plant | <input type="checkbox"/> Level 1, Collection    |
| <input type="checkbox"/> Level 2, Wastewater Treatment Plant | <input type="checkbox"/> Level 2, Collection    |
| <input type="checkbox"/> Level 3, Wastewater Treatment Plant |   |
| <input type="checkbox"/> Level 4, Wastewater Treatment Plant | <input type="checkbox"/> Level 1, Lagoon System |

**B. Contact Information:**

Name (First, MI, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**C. Current Certification: Please attach a copy of your current certificate.**

Name of Certification: \_\_\_\_\_ State of Origin: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<i>Office Use Only: Good Standing Status Requested: _____ Verification Received: _____</i>
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**D. Signature:** I certify that all information provided by me in this reciprocity application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I give the State of Wyoming and its authorized agents permission to verify any information given in connection with this application.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

**E. Wyoming Residency:** DEQ requires an operator to live in or work in the State of Wyoming before DEQ will consider a reciprocal certification.

**F. High School Equivalency:** Proof of high school equivalency is required for certification in Wyoming. Attach a copy of your high school diploma, G.E.D. certificate, unofficial copy of your college transcript, or military discharge form DD-214 to this application.

**G. Training Requirements:** Applicants must meet all training requirements in accordance with Wyoming Rules and Regulations, Chapter 5. Attach copies of any training certificates that you wish DEQ to consider to this application.

**H. Employment Information:**

1. Operators currently employed at any Wyoming facility, must ensure that their employer designates them as an operator at that facility so that their current employment will appear in their online Operator Certification account.
2. DEQ may consider experience obtained from some jobs not specifically in the water field as pertinent, including military, engineering, or construction experience. Please complete a page for **EACH** job that you wish to have DEQ consider.
3. Specify the average number of hours spent on each activity each week.
4. Attach additional copies of page 3 as necessary.

**Most Recent Previous Employment**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Facility Phone: \_\_\_\_\_ Facility Email: \_\_\_\_\_

**Dates of Employment:** From (mo/day/yr): \_\_\_\_\_ To (mo/day/yr): \_\_\_\_\_  
Average Hours Worked Per Week \_\_\_\_\_

**Description of Facility:**

Population served: \_\_\_\_\_ Design capacity of plant (x.xx MGD): \_\_\_\_\_  
Lift stations present? Yes \_\_\_ No \_\_\_  
Raw waste variability? Little/none \_\_\_\_\_ Moderate \_\_\_\_\_ High/ includes toxic waste discharges \_\_\_\_\_  
Preliminary trt? plant pumping of main flow, screening, communitation, grit removal or equalization (please circle)  
Primary treatment? Clarifiers \_\_\_\_\_ Imhoff tanks or similar \_\_\_\_\_  
Secondary treatment? Fixed film reactor \_\_\_ Activated sludge \_\_\_ Lagoon \_\_\_ Aerated lagoon \_\_\_  
Tertiary treatment? Please describe: \_\_\_\_\_  
Additional processes? Chemical additions \_\_\_\_\_ Intermittent sand filter \_\_\_\_\_ Recirculating sand filter \_\_\_\_\_  
Solids handling? Please describe: \_\_\_\_\_  
Disinfection? Chlorination or ultraviolet irradiation \_\_\_\_\_ Ozonation \_\_\_\_\_  
Effluent discharge? Mechanical post aeration \_\_\_ Recycle and reuse \_\_\_\_\_ Land treatment/disposal \_\_\_\_\_  
SCADA remote operation used? Yes \_\_\_ No \_\_\_\_\_  
Bacteriological/biological laboratory? None \_\_\_\_\_ Membrane filter \_\_\_\_\_ Fermentation tubes/fecals \_\_\_  
Chemical/physical laboratory (i.e., pH, settleable solids DO/COD/BOD, nutrients)? Please describe: \_\_\_\_\_

**Wastewater Treatment and Collection Duties** Enter average number of **hours** spent **each week** below.

- \_\_\_\_\_ repairing or installing wastewater collection lines, service lines, or taps (trenching, bedding, backfilling, disinfection)
- \_\_\_\_\_ rodding, jetting, or other cleaning or maintenance of wastewater collection lines
- \_\_\_\_\_ adjusting pumping rates, level controls, and on/off cycles relative to lift stations and wastewater treatment plants
- \_\_\_\_\_ controlling chemical feed rates for disinfection of wastewater effluent
- \_\_\_\_\_ operating/maintaining/cleaning wastewater treatment structures (bar screens, grit chambers, comminutors)
- \_\_\_\_\_ calculating plant operating efficiencies and interpreting process control data
- \_\_\_\_\_ handling sludge and solids, operating clarifiers, controlling return and waste sludge rates
- \_\_\_\_\_ operating digesters and sludge conditioners
- \_\_\_\_\_ controlling and operating trickling filter or rotating biological contactor (RBCs)
- \_\_\_\_\_ managing lagoons
- \_\_\_\_\_ controlling and maintaining blowers or other devices used for aerating wastewater
- \_\_\_\_\_ bacteriological/biological or chemical/physical lab work

Please describe any major duties not listed above and the average **hours per week** spent doing them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment (Make additional copies of this page as needed.)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Facility Phone: \_\_\_\_\_ Facility Email: \_\_\_\_\_

**Dates of Employment:** From (mo/day/yr): \_\_\_\_\_ To (mo/day/yr): \_\_\_\_\_  
Average Hours Worked Per Week \_\_\_\_\_

**Description of Facility:**

Population served: \_\_\_\_\_ Design capacity of plant (x.xx MGD): \_\_\_\_\_  
Lift stations present? Yes \_\_\_ No \_\_\_  
Raw waste variability? Little/none \_\_\_\_\_ Moderate \_\_\_\_\_ High/ includes toxic waste discharges \_\_\_\_\_  
Preliminary trt? plant pumping of main flow, screening, communitation, grit removal or equalization (please circle)  
Primary treatment? Clarifiers \_\_\_\_\_ Imhoff tanks or similar \_\_\_\_\_  
Secondary treatment? Fixed film reactor \_\_\_ Activated sludge \_\_\_ Lagoon \_\_\_ Aerated lagoon \_\_\_  
Tertiary treatment? Please describe: \_\_\_\_\_  
Additional processes? Chemical additions \_\_\_\_\_ Intermittent sand filter \_\_\_\_\_ Recirculating sand filter \_\_\_\_\_  
Solids handling? Please describe: \_\_\_\_\_  
Disinfection? Chlorination or ultraviolet irradiation \_\_\_\_\_ Ozonation \_\_\_\_\_  
Effluent discharge? Mechanical post aeration \_\_\_\_\_ Recycle and reuse \_\_\_\_\_ Land treatment/disposal \_\_\_\_\_  
SCADA remote operation used? Yes \_\_\_\_\_ No \_\_\_\_\_  
Bacteriological/biological laboratory? None \_\_\_\_\_ Membrane filter \_\_\_\_\_ Fermentation tubes/fecals \_\_\_  
Chemical/physical laboratory (i.e., pH, settleable solids DO/COD/BOD, nutrients)? Please describe: \_\_\_\_\_  
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\_\_\_\_\_