GUAM ENVIRONMENTAL PROTECTION AGENCY
AHENSIAN PRUTEKSIÓN LINA'LA' GUÅHAN

Application Form
Water and Wastewater Operator's Certification
Safe Drinking Water Program

Instructions

Complete and submit this application with a **$15.00 application fee** along with a copy of your current identification (ex: Guam Driver's License or Passport), copies of diplomas or transcripts that verify your highest level of education listed on the application and with copies of employment verification of your current or former employer as a water treatment/distribution or wastewater treatment/collection operator. Application and payment must be submitted to our Guam EPA Administration Office located in Tiyan. Payment types accepted are card and check addressed to Treasurer of guam C/O Guam EPA Safe Drinking Water Program.

NOTE: Effective January 1, 2026, the examination fee has increased to $105 per exam test and must be paid directly to University of Guam (UOG) on the day of the scheduled exam. All forms of payment are accepted at UOG

Information about the Application

Date of Application:_____

Type of Application ☐ *New* ☐ *Re-Exam* ☐ *Reciprocity*

Exam Desired:

Water Treatment Level:_____ Wastewater Treatment Level:_____

Water Distribution Level:_____ Wastewater Collection Level:_____

Information about the Applicant

Name of the Applicant (Last, First,):_____

Mailing Street Address:_____ Social Security :_____

Village:_____ Zip Code:_____

Email:_____ Home Phone Number:_____

Work Phone #:_____ Cell Phone #:_____

Information about the Applicant's Employer

Name of Company/Agency:_____

Mailing Street Address:_____

Information about the Applicant's Educational Attainment

Name of School	Highest Grade Completed	Attendance		Date of Graduation	Course Or Degree
		Start Year	End Year		
Grade School:	1 2 3 4 5 6 7 8				
High School:	9 10 11 12				
College:	1 2 3 4 5 6 7				

Work Experience

List present, or most recent employer first. List all experience related to each position as a facility operator in full detail, including related military experience. If necessary, use additional paper and attached to back of this form.

Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

____

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Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

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Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

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Work Experience continued.

Employment dates:	Name and address of Employer/facility	Supervisor's name and phone number	Your position title:
Employment start date: Mm/dd/yy			
Employment end date: MM/dd/yy			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

_____
_____
_____

Training Credits

List previous or approved courses.

District Association Or Name of School	Location of School	Training Course	Date Start Finish	Credit

If you have or ever held certificate of competency, please furnished the following information:

Type of Certificate	Level Certified	Place of Issuance	Date Issued	Expiration Date
Water Distribution System				
Water Treatment Plant				
Wastewater Collection System				
Wastewater Treatment Plant				

Signature of Applicant

I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Administrator, or his representative, for the purpose of issuance of a certificate of competency for the class of operator's certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission to any required examination applied or revocation of any certificate granted. I further consent to a thorough investigation by the Administrator, or his representative, of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Printed name:_____

Signature:_____

Date:_____

DO NOT WRITE IN THIS SPACE - FOR GUAM EPA USE ONLY

_____ Approved _____ Disapproved

Education:_____ Years of Experience:_____

Training Credits:_____ Current Level and Cert ID No.:_____

Certificate Approved for:_____ Previous Application Approved:_____

Evaluated and Approved by:_____ Date: _____

Notes: _____

_____

_____

_____ Pass _____ Fail

Exam Date:_____ Exam Score:_____

Certificate Approved for:_____ New Certificate ID No.:_____

Effective Date:_____ Expiration Date: _____

Evaluated and Approved by:_____ Date:_____

Notes: _____

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