



Center for Drinking Water Quality

# Upgrade Request—Operator-in-Training (OIT) to Full Certification

When an operator-in-training (OIT) has met the experience requirements for full certification (refer to section 5.8 of Regulations 216-RICR-50-05-5), an application for an upgrade to full certification can be submitted. If all requested information is not provided, the request may be rejected or tabled.

**Instructions**

1. Complete and sign this form and give it to your supervisor for review and signature.
2. Supervisor submits the request to [doh.ridwq@health.ri.gov](mailto:doh.ridwq@health.ri.gov) with *Operator Certification Upgrade Request* in the subject line.
3. Applicant and applicant’s supervisor will receive email confirmation of receipt of the upgrade request.
4. The Board of Certification of Operators of Water Supply Treatment and Distribution Facilities will review the request at its next scheduled meeting.
5. The applicant will receive a follow-up email from the Board Manager no more than five business days after the scheduled Board meeting.

<b>Contact Information</b>	
<b>Name</b> (as it will appear on the license, no nicknames please)	
First:	Middle initial:                      Last:                      Suffix:
<b>Address of record</b> (The new certification and any future notifications about it will be mailed to this address.)	
Business name (if applicable):	
Street:	
City/State/ZIP code:	
Phone:	Cell phone:
Email:	
<b>Upgrade Request</b>	
<b>Grades of certification for which an upgrade is requested:</b>	
Distribution:	1D      2D      3D      License no.:                      Date issued:
Treatment:	1T      2T      3T      License no.:                      Date issued:
Very Small System (VSS)	License no.:                      Date issued:
<b>For Office Use Only</b>	
Request received:	Qualifying under:
Years of experience:	Education level:
Board decision date:	Upgrade processed:

**Education** This section must be completed if using a combination of education and experience to qualify for an upgrade.

**College or university** (Check all that apply.)

Associate degree; subject area:

Bachelor's degree; subject area:

Master's degree; subject area:

*A copy of diploma MUST accompany the request if using a combination of education and experience to qualify for an upgrade.*

**Experience** This section must be completed so the Board can determine amount of experience required to upgrade.

Provide information about current and past jobs that **involve drinking water treatment or distribution**. List jobs from current job to previous job(s). Please make additional copies of this page, as needed, to list all drinking water-related jobs.

**Current job**

Job title:

Supervisor's name:

Start date:

Employer's name:

Address:

City/Town:

State:

ZIP code:

**Duties and responsibilities** (You may attach a job description.)

**Classification of the Public Water System**

Distribution:      1D      2D      3D      4D

Treatment:      1T      2T      3T      4T

Very Small System (VSS):      Distribution      Treatment

Public Water System ID number:

**Drinking Water Operator Experience** continued

Job title:

Start date:

End date:

Employer's name:

Address:

City/Town:

State:

ZIP code:

**Duties and responsibilities** (You may attach a job description.)

**Classification of the Public Water System**

Distribution:      1D      2D      3D      4D

Treatment:      1T      2T      3T      4T

Very Small System (VSS):      Distribution      Treatment

Public Water System ID number:

**Licensee Affidavit** Please read, sign and date below.

I, \_\_\_\_\_, do solemnly swear (affirm) that I am the person named  
Print name  
in this application, that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.

Signature of applicant

Date:

**Supervisor Affidavit** Please read, sign, and date below.

I, \_\_\_\_\_, affirm that I supervise the person named in this  
Print name  
application, that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith. I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island.

Signature of supervisor

Date:

Supervisor's email address: