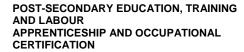
## DPETLAAC-006E/1(10/12)





Name of applicant \_

Facility Working For:\_\_\_

\_\_\_\_ S.I.N. \_\_\_\_

|  | <b></b>  | Indicate which operator classification is being a |   |                  |          |  |  |  |  |  |  |
|--|--|---|---|------------------|----------|--|--|--|--|--|--|
| Operator<br>Classification   | Water<br>Treatment   | Class I   | Class II 🛛  | Class III 🛛      | Class IV |  |  |  |  |  |  |
|  | Employer/Designate<br>Initials   |   |   |                  |          |  |  |  |  |  |  |
|  |  |   |   |                  |          |  |  |  |  |  |  |
| the skill as part of re<br>could be performed i                      | gular work duties, he<br>f required.   | e or she has the neces                            | t although the candidate<br>sary skills and knowledge | e that the skill |          |  |  |  |  |  |  |
| (a) Working knowle<br>and tagout).                                   | edge of safety practice  | es pertaining to the ind                          | lustry (i.e. confined space,                          | WHMIS, lockout   |          |  |  |  |  |  |  |
| (b) Working knowle   | (b) Working knowledge of principles related to water treatment (i.e. hydraulics, flow, pressure, chemistry)  |   |   |                  |          |  |  |  |  |  |  |
| 9  | (c) Working knowledge of standards and requirements relating to water quality and water treatment systems.   |   |   |                  |          |  |  |  |  |  |  |
|  | d) Working knowledge of disinfection guidelines and procedures (i.e. American Water Works Association standards 651, 652, 653 and/or 654)  |   |   |                  |          |  |  |  |  |  |  |
|  |  |   |   |                  |          |  |  |  |  |  |  |
| (f) Working knowle   |  |   |   |                  |          |  |  |  |  |  |  |
|  | (g) Knowledge of procedures and protocols for emergency response relating to compromised water quality   |   |   |                  |          |  |  |  |  |  |  |
|  | (h) Knowledge of the requirements relating to conditions of the Certificate of Approval to Operate (CAO)<br>the water treatment system.  |   |   |                  |          |  |  |  |  |  |  |
| (i) Interpret drawin   |  |   |   |                  |          |  |  |  |  |  |  |
| (j) Complete report  |  |   |   |                  |          |  |  |  |  |  |  |
| (k) Communicates   |  |   |   |                  |          |  |  |  |  |  |  |
|  |  |   |   |                  |          |  |  |  |  |  |  |
| changes in para  | <ol> <li>Monitor water treatment system operation to ensure proper operation and detect problems (i.e. leaks,<br/>changes in parameters, analyze water test results and adjust treatment operation, Supervisory Control and<br/>Data Acquisition (SCADA) monitoring).</li> </ol> |   |   |                  |          |  |  |  |  |  |  |
| (m) Understand and<br>Water Works A                                  |  |   |   |                  |          |  |  |  |  |  |  |
| (n) Have the ability systems.  |  |   |   |                  |          |  |  |  |  |  |  |
| (o) Interpret test res   | ults.  |   |   |                  |          |  |  |  |  |  |  |
| Name and position of<br>individual initialing f<br>mandatory skills: | idual initialing for Name Position   |   |   |                  |          |  |  |  |  |  |  |

By signing this form, I am attesting that the applicant has been employed with the company indicated for the time specified and has performed the practical skills indicated above, at or above industry standards. I also understand that my support may allow for the candidate to challenge the Certification examination and upon passing will be recognized across Canada as a certified journeyperson.

I recommend that he/she be approved to challenge the certification examination Yes \_\_\_\_\_ No \_\_\_\_\_

| Employer Use Only (Please Print)                                       |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
|--|--------------------|-------------|--|-------|-----------------|----|--|--|--|--|---|------------------|--|--|--|--|
| TIME ACCUMULATED PERFORMING THE SCOPE OF THE TRADE AS IDENTIFIED ABOVE |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| 20% OF THE TIME REQUIRED MUST HAVE BEEN WORKED DURING THE LAST 5 YEARS |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| TOTAL HOURS  | FROM (YYYY/MM/DD)  |             |  |       | TO (YYYY/MM/DD) |    |  |  |  |  | ] | HOURS DURING     |  |  |  |  |
| ACCUMULATED  | FROM (YYYY/MIM/DD) |             |  |       | 10(1111/MM/DD)  |    |  |  |  |  | ' | THE LAST 5 YEARS |  |  |  |  |
|  |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
|  |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| Name of Employer and Address   |                    |             |  |       | Telephone       |    |  |  |  |  |   |                  |  |  |  |  |
|  |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| City or Town   | Province           | Postal Code |  |       | Cel             | 11 |  |  |  |  |   |                  |  |  |  |  |
|  |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| Please print name and position   |                    |             |  |       | Fax             |    |  |  |  |  |   |                  |  |  |  |  |
|  |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| Signature  |                    |             |  | Email |                 |    |  |  |  |  |   |                  |  |  |  |  |
|  |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |
| For Apprenticeship and Occupational Certification Use Only             |                    |             |  |       |                 |    |  |  |  |  |   |                  |  |  |  |  |

## For Apprenticeship and Occupational Certification Use Only

I have confirmed that the employer signing this form for the period(s) indicated above has employed the applicant and that the initials and signature provided are indeed those of the employer or designate.

AOC Counsellor

Regional Office

aoc-acp@gnb.ca