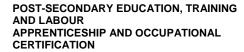
DPETLAAC-006E/1(10/12)





Name of applicant _

Facility Working For:___

____ S.I.N. ____

		Indicate which operator classification is being a									
Operator Classification	Water Treatment	Class I	Class II 🛛	Class III 🛛	Class IV						
	Employer/Designate Initials										
the skill as part of re could be performed i	gular work duties, he f required.	e or she has the neces	t although the candidate sary skills and knowledge	e that the skill							
(a) Working knowle 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) the water treatment system.										
(i) Interpret drawin											
(j) Complete report											
(k) Communicates											
changes in para	 Monitor water treatment system operation to ensure proper operation and detect problems (i.e. leaks, changes in parameters, analyze water test results and adjust treatment operation, Supervisory Control and Data Acquisition (SCADA) monitoring). 										
(m) Understand and Water Works A											
(n) Have the ability systems.											
(o) Interpret test res	ults.										
Name and position of individual initialing f 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