

# WPCSOCC - Temporary Operator Certification Application

Issued only for the system specified on this application for a period of up to 1 year.

## Requirements for Initial Temporary Certification: (Rules 15A NCAC 08G Section .0200 and .0602 at [deq.nc.gov/opcert](http://deq.nc.gov/opcert))

- Experience:
  - Grade I systems and SI/SS/LA require the Operator have a minimum of 3 months actual experience operating this type of system.
  - Grade II-IV systems require the Operator to be certified one grade below the system classification.
- Application & non-refundable \$200.00 fee payable to: WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618
- Letter from system owner that includes:
  - 1) the explanation of need
  - 2) efforts made to employ an appropriate ORC/Backup ORC, and
  - 3) a statement designating the operator as either ORC or Backup ORC
  - 4) actions that will be taken by system owner and operator to obtain permanent certification

## Requirements for RENEWAL of Temporary Certification:

- Application & non-refundable \$300.00 fee payable to: WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618)
- Submit application & fee at least 60 days prior to expiration of original certification.
- Letter from system owner that includes:
  - 1) the explanation of need
  - 2) reason the operator failed to obtain permanent certification during initial period
  - 3) efforts made to employ an appropriate ORC/Backup ORC during initial period
  - 4) actions that will be taken by system owner and operator to obtain permanent certification

## Operator Information:

_____	_____	_____	_____
First Name:	Last Name:	WW Operator Certification #	Certification/Grade
_____			
Mailing Address			
_____			
_____	_____	_____	
Work Phone	Cell Phone	Email Address:	

## System Requesting Temporary Operator:

_____	_____	_____
System Name	System PERMIT Number	System Classification
_____		
System Owner/Permittee:	System Owner/Permittee Phone:	

By signing below, you certify:

- the information given in this application is true and correct and understand that providing false information on this application may lead to the revocation of any and all certificates issued by the WPCSOCC.
- I have read 15A NCAC 08G Section .0200 and .0602; and understand my duties and responsibilities. ([deq.nc.gov/opcert](http://deq.nc.gov/opcert))

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Postmark Date: _____	* FOR WPCSOCC STAFF USE ONLY *		Check Date: _____
Payee's Name: _____	Check #: _____	Amount: \$ _____	
Comments: _____			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer's Initials: _____	Date reviewed: _____