

WPCSOCC

TEMPORARY CERTIFICATION APPLICATION

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

REQUIREMENTS:

*For Grade I systems (SI/SS/LA): Have a minimum of 3 months actual experience in operations of the type of system to be designated.
For Grade II systems or higher: Operator to be certified may be no less than one grade below 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:
 - explanation of need
 - efforts made to employ an appropriate ORC/Backup ORC, and
 - a statement designating the operator as either ORC or Backup ORC
 - actions that will be taken by system owner and operator to obtain permanent certification

REQUIRED FOR RENEWAL:

- 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:
 - explanation of need
 - reason the operator failed to obtain permanent certification during initial period
 - efforts made to employ an appropriate ORC/Backup ORC during initial period
 - actions that will be taken by system owner and operator to obtain permanent certification

OPERATOR INFO:

Certification # (REQUIRED) Certification/Grade First Name: Last Name:

Mailing Address

Work Phone Cell Phone Email Address:

System Name System PERMIT Number System Classification

System Owner/Permittee: System Owner/Permittee Phone:

- I certify that 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.

Owner Signature: _____ Date: _____

Operator Signature: _____ Date: _____

Postmark Date: _____ * FOR WPCSOCC STAFF USE ONLY * Check Date: _____

Payee's Name: _____ Check #: _____ Amount: \$ _____

Comments: _____

Approved Denied Reviewer's Initials: _____ Date reviewed: _____