

MONTANA APPLICATION FOR EXCEPTION TO THE REQUIREMENT FOR HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE: **COMPLETE ONLY IF YOU ARE APPLYING FOR A SPECIAL EXCEPTION.**

(ARM 17.40.207(1) requires operators certified after June 30, 1991, to have graduated from high school or hold a G.E.D. certificate, unless the applicant submits a written application for special exception from this requirement and the department grants the exception. The department may only grant a special exception from this requirement upon finding that the applicant has the basic knowledge necessary to otherwise meet the requirements of this subchapter and to protect the public health and quality of Montana's waters. A combination of education, experience, and responsibility comparable to high school graduation is a minimum requirement.)

<p>MAIL WITH CERTIFICATION APPLICATION TO:</p> <p>Department of Environmental Quality Water & Wastewater Certification PO Box 200901 Helena MT 59620-0901 (Phone: 406 / 444-4584)</p>	<p>(LEAVE BLANK)</p> <p>OPERATOR NUMBER: _____ TYPE AND CLASS: _____ APPROVED _____ DENIED _____</p> <p>SIGNATURE: _____ DATE: _____</p>
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THIS FORM MUST BE COMPLETED BY APPLICANT REQUESTING EXCEPTION.

1. **APPLICANT NAME:** _____ **TELEPHONE:** _____ - _____
2. **MAILING ADDRESS:** _____
 (Street) (City, State, Zip)
3. **NAME OF SYSTEM YOU WILL OPERATE:** _____
4. **OWNER'S NAME:** _____
5. **SYSTEM MAILING ADDRESS:** _____
 (Street) (City, State, Zip)
6. **TELEPHONE:** _____ - _____
7. **LIST THE SCHOOL NAME, LOCATION, LAST GRADE, AND DATE YOU COMPLETED:** _____

8. **LIST EXPERIENCE WITH WATER AND WASTEWATER SYSTEMS:** List when, where, and for how long you assumed any of the following work responsibilities for a water or a wastewater system:
 - Sampling and reporting: _____

 - Maintenance and record keeping: _____

 - Installation of the system: _____

 - Repair of the system: _____

 - Other responsibilities you have assumed with a water or wastewater system: _____

(Complete other side)

9. OCCUPATIONAL QUALIFICATIONS:

Describe ANY other volunteer experience or additional training or education which might demonstrate that you have the following basic knowledge and skills to operate a system:

Reading comprehension: _____

Computation skills with decimals, fractions, and percentages: _____

Organizational and record-keeping skills: _____

Demonstrated responsibility: _____

(If additional space is needed, staple an extra sheet to the application.)

10. REFERENCES:

Give the name and phone number of at least two references that can verify your experience or qualifications:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

11. CERTIFICATE OF APPLICANT:

Read carefully before signing. Unsigned applications will be invalidated.

I certify that all information provided in this application is true. I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with MCA 37-42-101 to 37-42-322.

SIGNATURE _____ **DATE:** _____