

## DIRECT RESPONSIBLE CHARGE (DRC) FORM

Name of Applicant: \_\_\_\_\_

### DIRECT RESPONSIBLE CHARGE (DRC)

**DRC is a requirement for all four disciplines:**

- **Level III exams** - Operators are required to have 2 years (3,000 hours) of direct responsible charge (DRC) experience in a Class II or higher facility.
- **Level IV exams** - Operators are required to have 2 years (3,000 hours) of direct responsible charge (DRC) experience in a Class III or higher facility.

**How to gain DRC?**

**DRC experience** may be gained when an operator has daily on-site responsibility for the operation of a facility/system. In larger facilities/systems, it has been interpreted to mean having daily on-site responsibility for the operation of a major segment of the facility/system.

| Facility Name and City:         |                          |                          |                          | Classification Number:   |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Class of Facility / System      | Class II                 | Class III                | Class IV                 | Hours of Accumulated DRC |
| Water treatment plant           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Wastewater treatment plant      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Water distribution system       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Wastewater collection system    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Start Date (DD/MM/YYYY):        |                          |                          |                          | To Date (DD/MM/YYYY):    |
| Supervisor Signature and Title: |                          |                          |                          | Print name:              |
| Date (DD/MM/YYYY):              |                          |                          |                          |                          |

Please read the [Program Guide](#) for more information.