

Utah Water Operator Certification Program
EXAMINATION APPLICATION

Instructions:

To help us determine your operator status (restricted or non-restricted), please complete **all** sections. All correspondence will be mailed to you at the home address you provide on this page.

The water operator exam fee is \$100.00. Applications submitted without a fee will not be processed. The application and fee must arrive at the Division of Drinking Water office by the deadline listed in the exam announcement. Applications received after the deadline will not be accepted. If you have questions or concerns, please call the Operator Certification Program staff at (801) 536-4200.

Make check or money order payable to the "Division of Drinking Water." Do not send cash through the mail. Applications may be hand-carried to the Division of Drinking Water offices at 195 North 1950 West, 2nd floor, P.O. Box 144830, Salt Lake City, Utah 84114-4830.

You may pay the fee online at <http://www.drinkingwater.utah.gov> (go to DDW Shopping Cart) or by clicking the "Pay Online" button above. The date listed on your credit card or E-check receipt will be considered your actual application submittal date. **Important:** If you pay online on or before the deadline, mail, fax or "Submit by Email" your completed application and your receipt to the DDW office so that your name can be added to the exam reservation list.

DDW fax number: (801) 536-4211.

Individuals with special needs must schedule a separate, private exam date and time. "In compliance with the American Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Brooke Baker, Office of Human Resources, at: (801) 536-4412, TDD (801) 536-4424, at least five working days prior to the scheduled meeting."

Please print clearly or type

Today's Date _____

Applicant's name _____ Birth date _____

Utah Certification # _____ E-mail address _____

Home address or PO Box # _____

City _____ State _____ Zip code _____ Home phone _____

Employer or Water System name _____ Fax # _____

Address _____ Work phone _____

City _____ State _____ Zip code _____

CIRCLE GRADE LEVEL DESIRED

Water Distribution Grade Levels
(includes chlorination)

Water Treatment Grade Levels
(complete treatment of surface water)

none SS 1 2 3 4

none 1 2 3 4

Definitions: **SS** - small system exam (for water systems serving a population of 25-500); **GRADE 1** (pop. <1,500); **GRADE 2** (pop. 1,501 to 5,000); **GRADE 3** (pop. 5,001 to 20,000); **GRADE 4** (pop. >20,000).

Exam date (month/day/year): _____

CHECK EXAM LOCATION DESIRED

(In the event of a location change, you will be notified by confirmation letter.)

- | | | |
|---|--|---|
| <input type="radio"/> Environmental Health Building
85 East 1800 North
Logan, Utah 84321 | <input type="radio"/> Southeast Utah District Health Dept.
117 S. Main Street
Monticello, Utah 84535 | <input type="radio"/> Utah County Health Dept.
151 S. University Ave (Suite 2600)
Provo, Utah 84601 |
| <input type="radio"/> Bear River District Health Dept.
817 West 950 South (use south building)
Brigham City, Utah 84302 | <input type="radio"/> Southeast Utah District Health Dept.
28 South 1st East
Price, Utah 84501 | <input type="radio"/> TriCounty Health Department
133 South 500 East
Vernal, Utah 84078 |
| <input type="radio"/> Central Utah Public Health Dept.
146 North Main
Nephi, Utah 84648 | <input type="radio"/> Utah State University Extension Office
585 North Main, Suite 5
Cedar City, Utah 84720 | <input type="radio"/> Wasatch City-County Health Dept.
55 South 500 East
Heber City, Utah 84032 |
| <input type="radio"/> Central Utah Public Health Dept.
70 Westview Drive
Richfield, Utah 84701 | <input type="radio"/> Southwest Utah Public Health Department
620 South 400 East, Suite 400
St. George, Utah 84770 | <input type="radio"/> Weber-Morgan District Health Dept.
477 23rd St.
Ogden, Utah 84401 |
| <input type="radio"/> Davis County Memorial Court House
28 E. State Street (Room 230)
Farmington, Utah 84025 | <input type="radio"/> Sheldon D. Richins Building
6505 N. Landmark Drive
Park City, Utah 84098 | <input type="radio"/> American Water Works Association
AWWA
Conference Site |
| <input type="radio"/> Department of Environmental Quality
195 N 1950 W (Room #2125)
Salt Lake City, Utah 84116 | <input type="radio"/> Tooele County Health Dept.
151 N. Main Street
Tooele, Utah 84074 | <input type="radio"/> Rural Water Association of Utah
RWAU
Conference Site |

In compliance with the Americans with Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Dana Powers, Office of Human Resources at 536-4413 (TDD 536-4414), at least five working days prior to the scheduled meeting/hearing.

CURRENT EMPLOYMENT

Utah water system name _____ Utah water system number _____

Your current job title _____ Total years with this employer _____

Total years as DRC* operator with this employer _____ Are you a DRC* operator now? Yes No

Duties of current position:

*DRC (Direct Responsible Charge) - DRC means active daily on-site charge and performance of operation duties. The person in direct responsible charge is generally an individual who independently makes decisions during normal operation which can affect the sanitary quality, safety, and adequacy of water delivered to customers. In cases where only one operator is employed by the system, this operator shall be considered to be in direct responsible charge. In cases where more than one operator is employed, more than one operator may be in direct responsible charge.

If you want credit as a Direct Responsible Charge (DRC) operator, fill out this section and have your supervisor sign below:

"Mr / Ms _____ has _____ total years of water system experience and _____ years as a _____ Direct
(Treatment and/or Distribution)

Responsible Charge Operator with the _____
water system (Utah water system # _____)."

Supervisor's signature _____ Date _____

By typing your name you certify this information is correct. Falsifying this information is subject to disciplinary action.

PAST EMPLOYMENT

Experience gained by the operator as a Direct Responsible Charge operator, which is to be considered for use in the determination of restricted vs. unrestricted status, must be in the discipline of Treatment or Distribution of the certificate desired.

After completing this section, please fill out "Previous Water Industry Work Experience" on the next page.

"In **addition** to the experience noted above, I have _____ total years experience in _____
(Treatment and/or Distribution) and _____ total years as a DRC Operator

in other drinking water systems. I understand that all information may be verified at any time by the Operator Certification Program staff."

Operator's signature _____ Date _____

By typing your name you certify this information is correct.

EDUCATION

What is the highest level of education you have completed?

GRADE SCHOOL HIGH SCHOOL

COLLEGE GRADUATE:

Associate (2-year degree) Major _____ Year _____
 Bachelor (4-year degree) Major _____ Year _____
 Master (Post Graduate) Major _____ Year _____
 Doctorate Major _____ Year _____

PREVIOUS WATER INDUSTRY WORK EXPERIENCE

Employer's Name and Address:

Your job title: _____

Total years with this employer: _____

Total years as Direct Responsible Charge operator: _____

Job duties:

Supervisor's name: _____



Employer's Name and Address:

Your job title: _____

Total years with this employer: _____

Total years as Direct Responsible Charge operator: _____

Job duties:

Supervisor's name: _____



HOW TO REGISTER FOR THE EXAM

Fill out the application form completely and return it, along with the \$100.00 exam fee, to the Division of Drinking Water (address listed below). Make check or money order payable to the **Division of Drinking Water** and label it "Certification Exam Fee."

You may pay the fee online at <http://www.drinkingwater.utah.gov> (go to DDW Shopping Cart) or by clicking the "Pay Online" button on the first page. The date listed on your credit card or E-Check receipt will be considered your actual application submittal date. **Important:** If you pay online on or before the deadline, mail, fax or "Submit by Email" your completed application and your receipt to the DDW office so that your name can be added to the exam reservation list. DDW fax number: (801) 536-4211.

Please submit your exam application early! Applications received after the deadline will not be accepted. If you have questions or concerns, feel free to call the Operator Certification staff at (801) 536-4200.

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 Operator Certification Program
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 Fax: 801-536-4211
 E-mail: mhand@utah.gov
 Website: <http://drinkingwater.utah.gov>

(Office Use Only)

	Date	Name	Amount	E-Pay, Check, or M.O. Number
Examination fee received:				
Enter/Update in SARA:				
Certificate printed:			Operator Status:	Restricted _____
Certificate mailed:				Unrestricted _____
