



DRINKING WATER

Utah Division of Drinking Water

Operator Certification Program

DIRECT RESPONSIBLE CHARGE OPERATOR (DRC) APPLICATION

Direct Responsible Charge (DRC): active on-site decisions made independently that effect quality/quantity/safety of the water system.

Checklist Instructions:

- Step 1 Verify if you have the required DRC experience using the chart here: https://documents.deq.utah.gov/drinking-water/field-services/Unrestricted-Status-Qualifications-Chart.pdf
Step 2 Fill out this application completely and send it to the Division of Drinking Water.

Division of Drinking Water Operator Certification Program
195 North 1950 West
P.O. Box 144830
Salt Lake City, Utah 84114-4830
Phone: (801) 536-4200
Fax: 801-536-4211
E-mail: ddwopcert@utah.gov
http://drinkingwater.utah.gov

PERSONAL INFORMATION

Distribution Grade level (SS,1,2,3,4): Treatment Grade level (1,2,3,4): Certification #:

First, Middle, Last Name (Mr. or Ms.):

Email address: Date of Birth:

Home Address: Cell phone:

City: State: Zip: Home phone:

EDUCATION

What is the highest level of education you have completed?

HIGH SCHOOL DIPLOMA OR EQUIVALENT: []

COLLEGE GRADUATE: Degree Major Year

Degree Major Year

CURRENT EMPLOYMENT

Employer/Water System:

Email: Phone:

Start Date: End Date: Total years with this employer: Total years of DRC experience:

Water System numbers of all the systems you are a DRC operator for:

Job Title & Description:

EMPLOYMENT

Employer/Water System: _____

Email: _____ Phone: _____

Start Date: _____ End Date: _____ Total years with this employer: _____ Total years of DRC experience: _____

Water System numbers of all the systems were you a DRC operator for: _____

Job Title & Description: _____

EMPLOYMENT

Employer/Water System: _____

Email: _____ Phone: _____

Start Date: _____ End Date: _____ Total years with this employer: _____ Total years of DRC experience: _____

Water System numbers of all the systems were you a DRC operator for: _____

Job Title & Description: _____

Duplicate this page until the experience required for a DRC is met.

Operator's signature: _____

Date: _____

*" By signing, I certify the above information is correct & complete.
I understand that all info might be verified by Drinking Water staff. "*