



Utah Division of Drinking Water Water Operator Certification Program RENEWAL CYCLE ADJUSTMENT APPLICATION

A dual certified operator may request to move one of their certification's expiration date *back* one year to unify both certifications' renewal cycles for Continuing Education (CEU's).

**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>

Qualifications:

- Both certifications must be current and/or within their grace period for renewal or reinstatement.
 - **Renewal Grace Period:** less than 6 months past certification's expiration date (deadline is June 30th)
 - **Reinstatement Grace Period:** more than 6 months but less than 18 months past certification's expiration date (from July 1st after expiration & the deadline is June 30th).
- Continuing Education Units (CEU's) from the new 3-year renewal cycle will be utilized for both certifications if applicable (training was completed, submitted, and approved).
- The standard renewal and/or reinstatement fees will apply to the adjusted certification.
 - Operators will not be credited for renewing early . Requesting to move a certification back one year is optional.
 - Operators only option to change their certifications' renewal cycle forward is through examination.

Checklist Instructions:

- Step 1** Check to see if you meet the qualifications.
- Step 2** Complete this application and send to the Division of Drinking Water via *email* or *postal mail*.
- Step 3** You will be notified if your request is approved
If approved, your certifications' renewal requirements will be adjusted

PERSONAL INFORMATION

First, Middle, Last Name (Mr. or Ms.): _____ **Certification #:** _____

Work Email address: _____ **Work Phone:** _____

Personal Email address: _____ **Cell phone:** _____

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

CERTIFICATION ADJUSTMENT REQUEST

Distribution Grade level (SS,1,2,3,4): _____ **Expiration Year:** _____

Treatment Grade level (1,2,3,4): _____ **Expiration Year:** _____

New expiration year for both certifications (oldest year of current certifications): _____

Operator's Signature _____ **Date:** _____

*"By signing, I certify the above information is correct and complete.
I understand that all info may be verified by Drinking Water Staff."*