



State of Utah
 Division of Drinking Water
 Operator Certification Program
EXAM APPLICATION

Online Exam Registration	Paper Exam Registration
Rural Water Association of Utah (RWAU) 76 Red Pine Drive Alpine, UT 84004 Phone: 801-756-5123 Email: rwau@rwau.net www.rwau.net	Division of Drinking Water (DDW) P.O. Box 144830 Salt Lake City, UT 84114 Phone: (385) 272-5038 E-mail: DDWOpCert@utah.gov http://drinkingwater.utah.gov

All steps must be completed before taking paper exam or before scheduling an appointment for an online exam. A new application is required for each exam taken. More information and study materials are available online at <https://deq.utah.gov/drinking-water/become-certified>.

Checklist Instructions

<input type="checkbox"/> Online Exam - Register through RWAU	<input type="checkbox"/> Paper Exam - Register through DDW
<input type="checkbox"/> Step 1 Fill out this application completely and get your proof of citizenship form (attached) <i>notarized</i> <input type="checkbox"/> Step 2 Contact the RWAU to submit your application, to pay the \$150 <i>Online</i> exam fee, and to schedule a proctor.	<input type="checkbox"/> Step 1 Fill out this application completely and get your proof of citizenship form (attached) <i>notarized</i> <input type="checkbox"/> Step 2 Choose your exam date and location <input type="checkbox"/> Annual Conference in St. George, UT Exam: 3/05/2021 App Deadline: 2/12/2021 <input type="checkbox"/> Step 3 Submit your application and pay the \$200 <i>Paper</i> exam fee to DDW .

"In compliance with the American Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Kimberly Diamond-Smith, Office of Human Resources, at: (801) 536-4285, TDD (801) 903-3978, to schedule a meeting."

PERSONAL INFORMATION

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

Email: _____ **Date of Birth:** _____

Home Address: _____ **Cell phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Home phone:** _____

GRADE LEVEL DESIRED

Select one. Only *one* exam is allowed to be taken per paper exam.

Water Distribution: SS 1 2 3 4

Distribution includes chlorination

Water Treatment: 1 2 3 4

Treatment complete treatment of surface water

CURRENT EMPLOYMENT

Employer/Water System: _____

Water System#s: _____

Lookup water system numbers online at waterlink.utah.gov.

Email: _____ **Phone:** _____

Will you be a Water Operator for your System?: Yes No

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."

*This page was intentionally left blank to keep the Exam Application
and the Proof of Citizenship Form separate.*

Proof of Citizenship

Under Utah State Law the Utah Department of Environmental Quality (DEQ) is required to verify the lawful presence in the United States of an individual at least 18 years of age (includes sole proprietor doing business under assumed name) who has applied for Water Operator certification or Backflow Technician certification. This law also applies for renewal, reinstatement, and reciprocity applications. *These documents will be confidential and not distributed publicly.*

Applicants for these certifications are required to notarize and attach the following documents:

- Complete and attach the form below
- Attach copy of your government issued photo ID
- Have the document notarized

Questions?
 Division of Drinking Water
 195 North 1950 West
 P.O. Box 144830
 Salt Lake City, UT 84114-4830

Phone: (801) 536-4200

<http://drinkingwater.utah.gov>

I've already submitted a citizenship form.

Utah Department of Environmental Quality Certification Pursuant to UCA 63G-12-104

This paperwork must be:

Completed prior to issuance of certificate.

I, _____, hereby certify under penalty of perjury that I am:
Full Name

a United States citizen. *Must have copy of government issued photo ID attached.*

OR

a qualified alien as defined in 8 USC, Sec. 1641, and lawfully present in the United States.
Alien ID #: _____

Dated this _____ day of _____, 20____.

Applicant's Full Name: _____

Address: _____

Applicant's Signature: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

County: _____ State: _____.

Government Issued

PHOTO ID

(Place copy here)
(driver's license, passport, etc.)

(can attach copy, cut and tape, or print copy on back)

NOTARY PUBLIC

My commission expires: _____