



Utah Operator Certification Program
CONTINUING EDUCATION UNIT
INDIVIDUAL ACCREDITATION APPLICATION

- OFFICE -
 APPROVED DENIED
CEUs _____
Entered on _____

Checklist Instructions:

- Step 1** Fill ALL fields for course to be approved by the *Executive Secretary of the Operator Certification Commission*.
- Step 2** Attach copy of certificate of completion/activity information.
- Step 3** Email/send all pages to the Division of Drinking Water (*info below*).

Operator Certification #: _____ **Full Legal Name** _____

Employer: _____

Date of Instruction: _____

Number of Hours Attended: _____

Course Name (Subject): _____

Description of Water-Related Activity:

Location of Training (City, State / online) _____

Sponsor: _____

Contact Person:
Name: _____ Phone: _____

Send completed form to:
ddwceus@utah.gov
- of -
Department of Environmental Quality
Division of Drinking Water
Operator Certification Program
P.O. Box 144830
Salt Lake City, Utah 84114-4830