



Utah Division of Drinking Water Operator Certification Program RECIPROCITY APPLICATION

-OFFICE USE-

Approved Denied

Comments: _____

Checklist Instructions:

- Step 1 Complete a separate form for each discipline (Distribution or Treatment) for which you are requesting reciprocity in Utah.
- Step 2 Attach documentation of your certification.
 - ☞ Your certification must be current in your certifying state.
- Step 3 Send the completed application to ddwopcert@utah.gov
 - ☞ Reciprocity is reviewed and approved on a case-by-case basis.
- Step 4 Once your request has been approved, continue to Step 5.
- Step 5 If reciprocity is granted, pay the \$150 fee.
 - ☞ Pay online at <https://deq.utah.gov/drinking-water/payment-portal>

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

Phone: (801) 536-4217
Fax: (801) 536-4211
E-mail: ddwopcert@utah.gov

<http://drinkingwater.utah.gov>

PERSONAL INFORMATION

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

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

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

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

Certification Information

Current Certification

Discipline: _____ **Level:** _____ **State:** _____
(Treatment or Distribution)

Utah Reciprocity Certification Request

Discipline: _____ **Level:** _____
(Treatment or Distribution)

OTHER LICENSES HELD

☞ Plumber's license, cross connection certificate, etc.

CURRENT EMPLOYMENT

Employer or Water System: _____ Water System #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____ Fax: _____

Job Title: _____

Position Responsibilities:

Total years in position: _____

Are you a DRC* operator now? Yes No

Total years w/ employer: _____

Total years as DRC* operator w/ employer: _____

*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 HAVE ADDITIONAL WATER-RELATED EXPERIENCE WITH OTHER EMPLOYERS:

Duplicate this page or the above section and fill it out for those employers.

EDUCATION

What is the highest level of education you have completed?

GRADE SCHOOL: HIGH SCHOOL:

COLLEGE GRADUATE: Degree: _____ Major: _____ Year: _____

Degree: _____ Major: _____ Year: _____

Applicant's Signature: _____

Date: _____

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

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 this 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
Fax: 801-536-4211

<http://drinkingwater.utah.gov>

I've already submitted a citizenship form.

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

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

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 #: _____

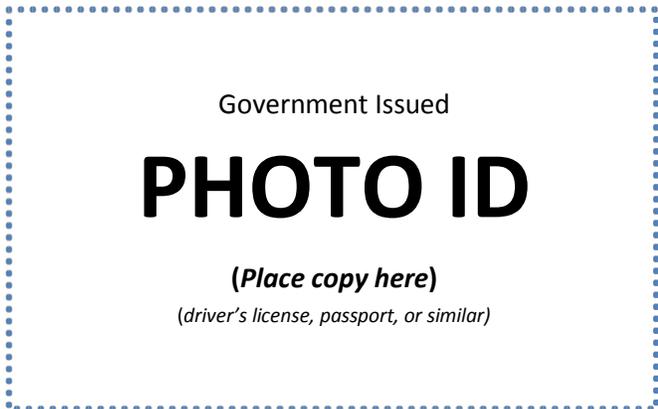
Dated this _____ day of _____, 20____.

Applicant's Full Name: _____

Address: _____

Applicant's Signature: _____

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



NOTARY PUBLIC – *do not sign if no photo ID copied*

My commission expires: _____

This paperwork must be:

- Completed prior to issuance of certificate.
- For backflow technicians: submitted to exam proctor at the time of the scheduled written exam.