



Utah Division of Drinking Water  
 Operator Certification Program  
**REINSTATEMENT APPLICATION**

- OFFICE -

APPROVED     DENIED

**Checklist Instructions:**

- Step 1** If it is currently 6 months after your certificate's expiration date and not more than 18 months after your certificate's expiration date, fill out this entire application.
- Step 2** Write an appeal for reinstatement to the Operator Certification Commission.
- Step 3** Attach any proof of recent water-related training/education that occurred during the last three-year certification period.
- Step 4** Pay the \$300 reinstatement fee.  
<http://www.deq.utah.gov/FeesGrants/fees/drinkingwater/shoppingcart.htm>

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

**Phone:** (801) 536-4200  
**Fax:** 801-536-4211  
**E-mail:** ddwopcert@utah.gov

<http://drinkingwater.utah.gov>

- Step 5** Email/send this filled out application, written appeal, and your documents to the Division of Drinking Water (*info in box*).

**PERSONAL INFORMATION**

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

**Email address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address or PO Box:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**CURRENT EMPLOYMENT**

**Employer or Water System:** \_\_\_\_\_ **Water System #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CERTIFICATE EXPIRED**

**Water Distribution Grade (\$300):**      SS  1  2  3  4

**Water Treatment Grade (\$300):**        1  2  3  4

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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