



DRINKING WATER

# Utah Division of Drinking Water Operator Certification Program UNRESTRICTED CERTIFICATE APPLICATION

## Checklist Instructions:

- Step 1** Verify if you have the required experience using the chart here:  
<https://documents.deq.utah.gov/drinking-water/field-services/Unrestricted-Status-Qualifications-Chart.pdf>
- Step 2** Fill out this application completely and send it to the Division of Drinking Water.  
Check your restricted status, CEU amounts, Op Cert #, and more information here:  
<https://waterlink.utah.gov/deqWater/public/ceuReport.html>

**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:** ddwopcrt@utah.gov  
<http://drinkingwater.utah.gov>

## PERSONAL INFORMATION

**Distribution Grade level** (SS,1,2,3,4): \_\_\_\_\_ **Treatment Grade level** (1,2,3,4): \_\_\_\_\_ **Certification #:** \_\_\_\_\_

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

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

**Home Address:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

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

## EDUCATION

What is the highest level of education you have completed?

**HIGH SCHOOL DIPLOMA OR EQUIVALENT:**

**COLLEGE GRADUATE:** Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

## CURRENT EMPLOYMENT

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

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Total years with this employer:** \_\_\_\_\_

**Total years of water-related experience:** \_\_\_\_\_ **Are you a regional operator?**  Yes  No

**Water System #s:** \_\_\_\_\_

**Job Title & Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Employer/Water System: \_\_\_\_\_ Water System #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total years with this employer: \_\_\_\_\_

Total years of water-related experience: \_\_\_\_\_ Are or were you a regional operator?  Yes  No

Water System #s: \_\_\_\_\_

Job Title & Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer/Water System: \_\_\_\_\_ Water System #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total years with this employer: \_\_\_\_\_

Total years of water-related experience: \_\_\_\_\_ Are or were you a regional operator?  Yes  No

Water System #s: \_\_\_\_\_

Job Title & Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Duplicate this page until the experience required for unrestricted status is met.*

**Operator's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

You will be notified of the outcome of your application via US Mail  
or via e-mail if an e-mail address is provided.