



Utah Division of Drinking Water

Operator Certification Program

DIRECT RESPONSIBLE CHARGE OPERATOR (DRC) APPLICATION

DRINKING WATER

Direct Responsible Charge (DRC): active on-site decisions made independently that effect quality/quantity/safety of the water delivered.

Division of Drinking Water
Operator Certification Program
P.O. Box 144830
Salt Lake City, Utah 84114-4830
Phone: (801) 536-4200
E-mail: ddwopc@utah.gov
DDWOpCert.utah.gov

Checklist Instructions:

- Step 1 The Water System must submit a letter on water system letterhead to the Division requesting to add a new Direct Responsible Charge Operator (DRC).
Step 2 The operator must verify if they have the required DRC experience using the chart here: https://documents.deq.utah.gov/drinking-water/field-services/DDW-2021-000195.pdf
Step 3 The Operator must fill out this application completely and send it to the Division of Drinking Water.

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: Cell phone:

Home Address: Home phone:

City: State: Zip: Work 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

DRC OPERATOR INFORMATION

Water System:

Water System numbers you are requesting to be registered as a DRC operator for:

Job Title: Email Phone:

Start Date: End Date: Total years with this employer: Total years of DRC experience:

Description of experience (required for DRC approval):

Empty box for description of experience

EMPLOYMENT

Employer/Water System: _____

Water System numbers: _____

Job Title: _____ Email _____ Phone: _____

Start Date: _____ End Date: _____ Total years with this employer: _____ Total years of DRC experience: _____

Description of experience (required for DRC approval):

EMPLOYMENT

Employer/Water System: _____

Water System numbers: _____

Job Title: _____ Email _____ Phone: _____

Start Date: _____ End Date: _____ Total years with this employer: _____ Total years of DRC experience: _____

Description of experience (required for DRC approval):

Duplicate this page until the experience required for a DRC is met.

Operator's signature: _____

Date: _____

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