



State of Utah

Division of Drinking Water

Operator Certification Program

EXAM APPLICATION

Online Exam Registration	Paper Exam Registration
Rural Water Association of Utah (RWAU) 76 Red Pine Drive Alpine, UT 84004 Phone: 801-756-5123 Email: rwau@rwau.net www.rwau.net	Division of Drinking Water (DDW) P.O. Box 144830 Salt Lake City, UT 84114 Phone: 385-272-5038 E-mail: DDWOpCert@utah.gov DDWOpCert.utah.gov

"In compliance with the American Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Kimberly Diamond-Smith, Office of Human Resources, at: (801) 536-4285, TDD (801) 903-3978, to schedule a meeting."

Checklist Instructions

<input type="checkbox"/> Online Exam - Register through RWAU	<input type="checkbox"/> Paper Exam - Register through DDW
<input type="checkbox"/> Step 1 Fill out this application completely and get your proof of citizenship form (attached) <i>notarized</i> <input type="checkbox"/> Step 2 Contact the RWAU to submit your application, to pay the \$150 Online exam fee, and to schedule a proctor.	<input type="checkbox"/> Step 1 Fill out this application completely and get your proof of citizenship form (attached) <i>notarized</i> . <input type="checkbox"/> Step 2 Submit your application and pay the \$200 Paper exam fee to DDW by the application deadline. Location: RWAU Fall Conference in Layton, UT Exam Date: 9/02/2021 App Deadline: 8/20/2021

Certifications are due for renewal every 3-years on December 31st. Operators are required to obtain Continuing Education Units (CEU's) during their 3-year cycle before applying for renewal. Operators' 3-year cycle for CEU's begins on **January 1st** after passing the exam. Any training accrued during the year of certification or prior will not apply towards renewal. Find more information at DDWOpCert.utah.gov.

PERSONAL INFORMATION

First, Middle, Last Name (Mr. or Ms.): _____ **Certification #:** _____
For those who are already certified

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

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

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

GRADE LEVEL DESIRED

Select one. Only *one* exam is allowed per paper exam.

Water Distribution: SS 1 2 3 4

Distribution includes chlorination

Water Treatment: 1 2 3 4

Treatment complete treatment of surface water

CURRENT EMPLOYMENT

Employer/Water System: _____

Water System #s: _____

Lookup water system numbers online at waterlink.utah.gov.

Email: _____ **Phone:** _____

Job Title: _____ **Are you or will you be a Water Operator for your System?** Yes No

Operator's signature: _____

Date: _____

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

*This page was intentionally left blank to keep the Exam Application
and the Proof of Citizenship Form separate.*

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____.

Government Issued

PHOTO ID

(Place copy here)
(driver's license, passport, or similar)

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.