



Utah Division of Drinking Water Operator Certification Program RECIPROCITY APPLICATION

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 \$180 fee.
 - ☞ Pay online at <https://deq.utah.gov/drinking-water/dw-payment-portal#opcert>

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

Phone: (385) 272-5038
E-mail: ddwopcert@utah.gov
DDWOpCert.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.

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) – Active daily on-site charge and performance of operation duties. The person indirect 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 indirect responsible charge. In cases where more than one operator is employed, more than one operator may be in direct responsible charge.*

DUPLICATE THIS PAGE IF YOU HAVE ADDITIONAL WATER-RELATED EXPERIENCE WITH OTHER 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 the 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

<http://drinkingwater.utah.gov>



I've already submitted a citizenship form.

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

This paperwork must be:

- ☐ Completed prior to issuance of certificate.

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

☐ 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____.

County: _____ State: _____

Government Issued

PHOTO ID

(Place copy here)

(driver's license, passport, etc.)

(can attach copy, cut and tape, or print copy on back)

NOTARY PUBLIC

My commission expires: _____