Utah Division of Drinking Water
Water Operator Certification Program
RENEWAL CYCLE ADJUSTMENT APPLICATION

A dual certified operator may request to move one of their certification's expiration date *back* one year to unify both certifications' renewal cycles for Continuing Education (CEU's).

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

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

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Qualifications:
- Both certifications must be current and/or within their grace period for renewal or reinstatement.
  - **Renewal Grace Period**: less than 6 months past certification's expiration date (deadline is June 30th)
  - **Reinstatement Grace Period**: more than 6 months but less than 18 months past certification's expiration date (from July 1st after expiration & the deadline is June 30th).
- Continuing Education Units (CEU's) from the new 3-year renewal cycle will be utilized for both certifications if applicable (training was completed, submitted, and approved).
- The standard renewal and/or reinstatement fees will apply to the adjusted certification.
  - Operators will not be credited for renewing early . Requesting to move a certification back one year is optional.
  - Operators only option to change their certifications' renewal cycle forward is through examination.

Checklist Instructions:
☐ **Step 1** Check to see if you meet the qualifications.

☐ **Step 2** Complete this application and send to the Division of Drinking Water via *email* or *postal mail.*

☐ **Step 3** You will be notified if your request is approved
If approved, your certifications' renewal requirements will be adjusted

PERSONAL INFORMATION

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

Work Email address: _____ **Work Phone:** _____

Personal Email address: _____ **Cell phone:** _____

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

CERTIFICATION ADJUSTMENT REQUEST

Distribution Grade level (SS,1,2,3,4): _____ **Expiration Year**: _____

Treatment Grade level (1,2,3,4): _____ **Expiration Year**: _____

New expiration year for both certifications (oldest year of current certifications): _____

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."