



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/DDW-2021-000195.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
P.O. Box 144830
Salt Lake City, Utah 84114-4830

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

COLLEGE GRADUATE: Degree _____ Major _____ Year _____

Degree _____ Major _____ Year _____

CURRENT EMPLOYMENT

Employer/Water System: _____ **Water System #:** _____

Email: _____ **Phone:** _____

Water System #s: _____

Start Date: _____ **End Date:** _____

Total years with this employer: _____ **Total years of water-related experience:** _____

Job Title & Description:

EMPLOYMENT HISTORY

Employer/Water System: _____ Water System #: _____

Email: _____ Phone: _____

Water System #s: _____

Start Date: _____ End Date: _____

Total years with this employer: _____ Total years of water-related experience: _____

Job Title & Description:

EMPLOYMENT

Employer/Water System: _____ Water System #: _____

Email: _____ Phone: _____

Water System #s: _____

Start Date: _____ End Date: _____

Total years with this employer: _____ Total years of water-related experience: _____

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.