Requester's signature: _

Utah Division of Drinking Water Operator Certification Program PRESENTER REQUEST FORM

Division of Drinking Water (DDW)
Operator Certification Program
P.O. Box 144830 • Salt Lake City, UT 84114
Phone: (385) 272-5038
E-mail: ddwopcert@utah.gov

DDWOpCert.utah.gov

Date:_

Submit a request for a Division of Drinking Water (DDW) presenter. All requests are subject to availability. Results may take up to 45 days to confirm DDW's availability.

| Checklist Instructions: | | | |
|--|-------------|-----------|--|
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| ☐ Step 2 Submit to the Division of Drinking Water Results may take up to 45 days to con- | | | |
| REQUESTER'S INFORMATION | | | |
| Name: | | | |
| Organization: | | | |
| Phone:Email: | | | |
| DDW PRESENTER | | | |
| Presenter Requested: | | | |
| Subjects Covered: | | | |
| EVENT DETAILS | | | |
| Training or Event Title: | | | |
| Location (Virtual or City & State): | | | |
| Event Date: | Start Time: | End Time: | |
| Equipment Requested: ☐ Laptop ☐ Projector ☐ Other: | | | |
| Equipment Provided: ☐ Laptop ☐ Projector ☐ Other: | | | |
| About the Event: | | | |
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| Additional Notes or Comments: | | | |
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