



Utah Division of Drinking Water

Operator Certification Program

DIRECT RESPONSIBLE CHARGE OPERATOR (DRC) APPLICATION

DRINKING WATER

Direct Responsible Charge Operators (DRC) are active on-site operators that make decisions that affect the quality and quantity of the water. To meet the DRC requirements, the operator must gain the necessary experience, be certified at the system's classification level, and apply to be a DRC.

Division of Drinking Water
Operator Certification Program
P.O. Box 144830
Salt Lake City, Utah 84114-4830
Phone: (801) 536-4200
E-mail: ddwopcert@utah.gov
DDWOpCert.utah.gov

Checklist Instructions:

- Step 1 The Water System must submit a letter on water system letterhead to the Division requesting to add a new Direct Responsible Charge Operator (DRC).
Step 2 The operator must verify if they have the required DRC experience using the chart here: https://documents.deq.utah.gov/drinking-water/field-services/DDW-2021-000195.pdf
Step 3 The Operator must fill out this application completely and send it to the Division of Drinking Water.

PERSONAL INFORMATION

Distribution Grade level (SS,1,2,3,4): Treatment Grade level (1,2,3,4): Certification #:

First, Middle, & Last Name:

Email: 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 EQUIVALENT: []

COLLEGE GRADUATE: Degree Major Year

Degree Major Year

WATER SYSTEM & DRC OPERATOR DESIGNATION

Water System Name: System#:

Email: Phone:

Job Title: Are you within one-hour travel time of the Water System: [] Yes [] No

Start Date: Total years with this employer: Total years of DRC experience:

Description of job duties and experience (required for DRC approval):

Empty box for description of job duties and experience.

EMPLOYMENT & Experience

Water System Name: _____ System#: _____

Email: _____ Phone: _____

Job Title: _____ Start Date: _____ End Date: _____

Total years with this employer: _____ Total years of DRC experience: _____

Description of job duties and experience (*required for DRC approval*):

EMPLOYMENT & Experience

Water System Name: _____ System#: _____

Email: _____ Phone: _____

Job Title: _____ Start Date: _____ End Date: _____

Total years with this employer: _____ Total years of DRC experience: _____

Description of job duties and experience (*required for DRC approval*):

Duplicate this page until the experience required for a DRC Status is met.

Operator's signature: _____ **Date:** _____

*" By signing, I certify the above information is correct & complete.
I understand that all info might be verified by Drinking Water staff. "*