

- OFFICE USE -	R□ DRC□
Score & payment:	DRC

☐ CONFERENCE Exam			.INE Exam		
☐ Step 1 Register for the Water Operator Certification Classes for the upcoming RWAU conference.	□ Ste	[♥] Official	s form completely. correspondence will ou at the home addre this page.	l be	
☐ Step 2 Fill out this form completely. Official correspondence will be mailed to you at the home address you provide on this page.		• • •	roof of citizenship notarized.	form	
☐ Step 3 Get your proof of citizenship form (page 3) notarized.		payment to business da	fee (\$130). Make o RWAU at least 2 ays prior to your ex	xam.	
☐ Step 4 Pay exam fee to Drinking Water. ¬ www.deq.utah.gov /FeesGrants/fees/drinkingwater /shoppingcart.htm	☐ Ste	notarized (oplication (includin citizenship form) t ummins@rwau.net.	to	
☐ Step 5 Send the application (<i>including notarized citizenship form</i>) to Drinking Water (<i>info in box</i>).	□ Ste	p 5 Work with exam.	RWAU to schedul	le your	Exam date:
training screencast videos. Thttp://www.deq.utah.gov thttps://rwau.memberclice "In compliance with the American Disabilities Act, individuals with special needs (in 903-3978, at least five working days prior to the scheduled meeting."	cks.net/all-train	nings			esources, at: (801) 536-4412, TDD (801)
"In compliance with the American Disabilities Act, individuals with special needs (i 903-3978, at least five working days prior to the scheduled meeting." PERSONAL INFORMATION First, Middle, Last Name (Mr. or Ms.):	cks.net/all-train	iings ommunicative aids and se	rvices) should contact Ashley N	Nelsen, Office of Human Re	#:
"In compliance with the American Disabilities Act, individuals with special needs (i 903-3978, at least five working days prior to the scheduled meeting." PERSONAL INFORMATION First, Middle, Last Name (Mr. or Ms.): Email address:	cks.net/all-train	iings	rrvices) should contact Ashley N	Nelsen, Office of Human Re Certification Date of Birt	#: h:
"In compliance with the American Disabilities Act, individuals with special needs (i 903-3978, at least five working days prior to the scheduled meeting." PERSONAL INFORMATION First, Middle, Last Name (Mr. or Ms.): Email address: Home Address:	cks.net/all-train	nings	rrvices) should contact Ashley N	Nelsen, Office of Human Re	#: h: e:
"In compliance with the American Disabilities Act, individuals with special needs (i 903-3978, at least five working days prior to the scheduled meeting." PERSONAL INFORMATION First, Middle, Last Name (Mr. or Ms.): Email address: City: GRADE LEVEL DESIRED Water Distribution: SS 1 2 3 4	cks.net/all-train	Zip: Distribution inc. Definitions: SS-	rvices) should contact Ashley N	Certification Date of Birt Cell phone Home phone ent complete treatme ms serving a pop. of 25-	#:
"In compliance with the American Disabilities Act, individuals with special needs (if 903-3978, at least five working days prior to the scheduled meeting." PERSONAL INFORMATION First, Middle, Last Name (Mr. or Ms.): Email address: City: GRADE LEVEL DESIRED Water Distribution: SS 1 2 3 4 Water Treatment: 1 2 3 4 CURRENT EMPLOYMENT	cks.net/all-train including auxiliary c State: 4 4 4	Zip:	cludes chlorination, Treatme - small system (water system) 1 to 5,000); GRADE 3 (pop.	Certification Date of Birt Cell phone Home phon ent complete treatmer ms serving a pop. of 25- 0. 5,001 to 20,000); GRA	#:
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CURRENT EMPLOYM Job Title:				
Duties of position:				
makes decisions during normal oper	ration which can aff	ect the sanitary quality,	performance of operation duties. The person in direct responsible charge is generally an safety, and adequacy of water delivered to customers. In cases where only one operat ere more than one operator is employed, more than one operator may be in direct resp	or is employed by the system,
If you want creasection below:	dit as a Dired	t Responsible	Charge (DRC) operator, have your supervisor fill out ar	nd sign this
"Mr. /	Ms		hastotal years of wate	r
system	experience a	nd	years as a(Treatment and/or Distribution)	_
Direct	Responsible (Charge Operator	with the	
water	system (Utah	water system #_)."	
Superv	isor's signatu	Date:		
PREVIOUS WATER Water System Name & 8	Years of	WORK EXP	ERIENCE Job Duties	Contact
Tracer system name &	Experience	Experience	Job Buttes	Contact
EDUCATION What is the highest leading to the second college or th	OOL:	HIGH SCH		ear:
Onerator'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 the United States of an individual at least 18 years of age (includes sole proprieto name) who has applied for Water Operator certification or Backflow Technician renewal, reinstatement, and reciprocity applications. These documents will be contained.	or doing business under assumed certification. This law also applies for
Applicants for these certifications are required to notarize and attach the followi Complete and attach the form below Attach copy of your government issued photo ID Have the document notarized	ing documents:
submitted a	of Environmental Quality uant to UCA 63G-12-104
l,, her	reby certify under penalty of perjury that I am:
a United States citizen. <i>Must have copy of governm</i> OR	ment issued photo ID attached.
a qualified alien as defined in 8 USC, Sec. 1641, Alien ID #:	and lawfully present in the United States.
Dated this day of	, 20
Applicant's Full Name:	
Address:	
-	
Applicant's Signature:	
SUBSCRIBED AND SWORN to before me this	day of
Government Issued	NOTARY PUBLIC — do not sign if no photo ID copied
PHOTO ID	My commission expires:
(Place copy here) (driver's license, passport, etc.)	This paperwork must be: ☐ Completed prior to issuance of certificate. ☐ For backflow technicians: submitted to exam proctor at the time of the scheduled written exam.