

**STATE OF UTAH**

DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY  
PO BOX 144870, SALT LAKE CITY, UTAH 84114  
<http://www.waterquality.utah.gov>

Certification Telephone: (801)536-4344 - Fax: (801)536-4301 - Building located at 195 N 1950 W, Salt Lake City, UT

**APPLICATION FORM**

**ORIGINAL CERTIFICATION OF ONSITE  
WASTEWATER TREATMENT &  
DISPOSAL SYSTEM PROFESSIONALS**  
Email Address: [wwopcert@utah.gov](mailto:wwopcert@utah.gov)

Submit Application & Fee payable to the "Division of Water Quality"

This application form is only for **original certification** of Onsite Professionals at any level who attended training through the Utah On-site Wastewater Training Center. If you did NOT attend the required training, you must complete the **Waiver** application.  
**A notarized Citizen/Alien ID certification form is also Required.**

**A. Name** \_\_\_\_\_ **Social Sec. No.** XXX-XX-\_\_\_\_\_  
(Required) (First Name) (Middle Name or Initial) (Last Name) (Last 4 digits only)

**B. Contact Information** (You MUST notify the Division of Water Quality of address changes)

**Primary Mailing Address (Required)** - Indicate **Type** of Address (**H**ome, **B**usiness, **W**ork, **M**ailing): \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
(If part of primary mailing address) (Consultant, Contractor, etc.)

\_\_\_\_\_  
(Primary Mailing Address – include PO Box, if required) (City) (State Abbr.) (Zip Code)

**Alternate Address** - Indicate **Type** of Address (**H**ome, **B**usiness, **W**ork, **M**ailing): \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
(If part of alternate address) (Consultant, Contractor, etc.)

\_\_\_\_\_  
(Alternate Address) (City) (State Abbr.) (Zip Code)

**County of Business** - \_\_\_\_\_  Include on the Maintenance Specialist List  
(Only the first listed county will be used for the website list)

\_\_\_\_\_  
(Primary E-mail Address) (Alternate E-mail Address)

**C. Phone Numbers** - Indicate Type (**H**ome, **B**usiness, **F**ax or **M**obile)

Primary Phone Type: \_\_\_ No. \_\_\_\_\_ Alternate Phone Type: \_\_\_ No. \_\_\_\_\_  
(Will be listed on Web Site) (Area code) (Number) (Area code) (Number)

**D. Original Certification Requested** (A single certificate will be issued at the higher/highest level.)

Level 1- Attended Certification class \_\_\_\_\_ and Passed Exam \_\_\_\_\_  
(Date Attended) (Level 1 Exam Date)

Level 2- Attended Certification class \_\_\_\_\_ and Passed Exam \_\_\_\_\_  
(Date Attended) (Level 2 Exam Date)

Level 3- Attended Certification class \_\_\_\_\_ and Passed Exam \_\_\_\_\_  
(Date Attended) (Level 3 Exam Date)

**E. Applicant Signature** - By signing this application, I attest that the above information is accurate and I have met the requirements of Utah Administrative Code R317-11 for certification as an Onsite Systems Professional for the levels indicated above. I understand that for Level 2 and Level 3 certifications I must maintain all lower classifications of certifications.

\$25 Certificate Fee is Included  Or, Online Payment "Order Number" is: \_\_\_\_\_  Waiver of Fee (must be preapproved)

A notarized Citizen/Alien ID certification form is attached, or  previously submitted

\_\_\_\_\_  
Applicant's Signature (Required)

\_\_\_\_\_  
Date

(Certification Program Use Only)  
Receipt No. \_\_\_\_\_  
Amount \_\_\_\_\_  
Cit/Alien ID \_\_\_\_\_  
Entered DB \_\_\_\_\_  
Cert No. \_\_\_\_\_  
Expire Date \_\_\_\_\_

Citizen/Alien ID certification form is available at <http://www.deq.utah.gov/forms/water/wq/docs/2013/08Aug/CitizenCert.pdf>