Clear Form Fields | Pay $ Online - MUST put Order No. on Application | Submit Form by Email | Print Form

UTAH WASTEWATER OPERATOR CERTIFICATION COUNCIL
UTAH WASTEWATER OPERATOR CERTIFICATION
RENEWAL APPLICATION

Division of Water Quality
195 North 1950 West
PO Box 144870
Salt Lake City, UT 84114
(801) 536-4344

Complete this application form ONLY if you are *renewing* or *reinstating* a wastewater operator certification. "Restricted" status will *NOT be changed* when using this form. The completed form may be printed, but NOT saved. Applications will be processed after the appropriate fee is received and a notarized "Citizen/Alien ID Certification" form is on file with the Division. Mail to: Wastewater Operator Certification, PO Box 144870, SLC UT 84114

Online Payment Order Number:

(Certification Program Use Only)
Receipt No. _____
Amount _____
Cit/Alien ID _____
Entered DB _____
Cert No. _____
Exp. Year _____

A. Personal Contact Information (Required*) Cert Program ID No.: _____

*Name: _____ (First) _____ (Middle (or Initial)) _____ (Last) SSN#: XXX-XX- _____ (Last 4 Digits)

*Preferred Mailing Address: _____ (Street & /or PO Box) _____ (City) _____ (State) _____ (Zip Code)

Residence: (If different) _____ (Street & /or PO Box) _____ (City) _____ (State) _____ (Zip Code)

*Phone Numbers - Indicate Type (Home, Work, Fax, Mobile, Business)

Preferred Phone Type _____ No. _____ (Area Code) Number _____ Ext. Alternate Phone Type _____ No. _____ (Area Code) Number _____ Ext.

Preferred Email Address: _____

B. Certificate Information* (Only list information about the certification(s) you are renewing at this time)

Renewal fee is $25/certificate. Expired (Lapsed) certificate may be reinstated within one year. Include $25 for each partial month past expiration.

Category*: _____ (WW Treatment, Collection, Small Lagoon, WWLab Analyst, Biosolids, Plant Maint.) Grade*: _____ Expiration Year: _____ Number of Months Late _____ (Maximum 3 months fee) Fee _____

Category: _____ Grade: _____ Expiration Year: _____ Number of Months Late _____ Fee _____

C. Training Record* (Required for Renewals - acquired during the three year period prior to certificate expiration only)

I certify that I have earned the required Continuing Education Units (CEUs) for the certification renewal(s) designated in this application. If additional training needs to be recorded in the database, the required documentation is enclosed with this application. See the *"Certification/Training"* link on *www.waterquality.utah.gov* for required information to include.

Additional Information Attached ☐

D. Current or Most Recent Employer Date of Employment: From: _____ To: _____

Name of Employer/WWSystem: _____

Name of Supervisor: _____ Employer's Phone #: _____

Applicant's Job Title: _____

E. Designation of Direct Responsible Charge (DRC) Responsibility at the above System

- ☐ Employee is WW Treatment DRC
- ☐ Employee is NOT WW Treatment DRC
- ☐ Employee is WW Collection DRC
- ☐ Employee is NOT WW Collection DRC

**The Supervisor's Authorization (typed or original) indicates that this statement of designation concerning the employee's responsibility as Direct Responsible Charge (DRC) operator is true as of the date of this application.

Supervisor's Authorization** _____

F. Signature: By signing this form, or typing my name as the Signature, I signify that the above information is true and accurate to the best of my knowledge. Any falsification is subject to certificate suspension or revocation. This information may be verified by staff of the Division of Water Quality as part of routine procedures.

- ☐ A notarized Citizen/Alien ID certification form is attached, or ☐ previously submitted
- ☐ Additional Training Information is attached (CEUs). *See "C." above.*

Make fee payable to "Division of Water Quality"

For Online Payments, the "Order Number" is required at top of page

Applicant's Signature: _____ ***Date:*** _____

Revised. 7/5/18