

STATE OF UTAH

DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
PO BOX 144870, SALT LAKE CITY, UTAH 84114
<https://deq.utah.gov/division-water-quality>

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

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>