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

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

WAIVER APPLICATION FORM

ORIGINAL CERTIFICATION OF ONSITE WASTEWATER TREATMENT & DISPOSAL SYSTEM PROFESSIONALS

Email Address: wwopcert@utah.gov
Certification Telephone: (801)536-4344 - Fax: (801)536-4301 - Office Located at 195 N 1950 W, Salt Lake City, UT

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

Only Utah licensed professional engineers, environmental health scientists, or contractors who **Waived** attendance at the certification training offered through the Utah On-site Wastewater Training Center may use this form to obtain original certification as an Onsite System Professional.
Additional documentation, including the new Citizen/Alien ID certification form, is REQUIRED.

A. Name (Required) _____ (First Name) (Middle Name or Initial) (Last Name) **Social Sec. No.** XXX-XX-_____ (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: _____ (If part of primary mailing address) Business Type: _____ (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: _____ (If part of alternate address) Business Type: _____ (Consultant, Contractor, etc.)

_____ (Alternate Address) (City) (State Abbr.) (Zip Code)

County of Business - _____ (Primary County of Business – only the first one will be listed on the web site list) ☐ Include on the Maintenance Specialist 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. _____ (Will be listed on Web Site) (Area code) (Number) Alternate Phone Type: ____ No. _____ (Area code) (Number)

D. Waiver documentation

A copy of my current Utah license as a _____ (P.E., EHS., or Contractor) Number _____ (Utah License Number) is attached.

E. Original Certificates Requested (A single certificate will be issued at the higher/highest level)

*All applicants must complete this section:

Passed Level 1 - Exam _____ (Exam Date)

Passed Level 2 - Exam _____ (Exam Date)

Passed Level 3 - Exam _____ (Exam Date)

**Note: Licensed environmental health scientists or licensed contractors must complete Section G on page 2 and attach it to this page for processing.

☐ $25 Certificate Fee is Included ☐ Waiver of Fee (preapproved)

F. Applicant Signature - By signing this application, I attest that the information included with this application 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.

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

_____ Applicant's Signature (Required)

_____ Date

Or, Online Payment "Order Number" is:

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

(Remember to include copy of current Utah P.E., E.H.S. or Contractor license when using this form)

G. Experience Record – Include experience appropriate to the class of certification requested

To be completed by Licensed Environmental Health Scientist or Licensed Contractor with current Utah license requesting waiver of attendance at Certification classes through the On-Site Wastewater Training Center

Environmental Health Scientist – Level 1, 2, or 3 – include details of 2 years experience appropriate to each class requested.
Licensed Contractor – Level 1 or 2 – include details of at least five (5) years experience in constructing Onsite wastewater systems. (May not waive attendance at Level 3 classes)

Engagement No.	Experience applies to Level 1, 2, or 3?	Dates From - To	Title of Position, Name of Employer, Duties, Degree of Responsibility of each engagement Make clear and concise statements; Amplify further on separate sheets or with resume; supporting material if attached should be coded with the number of each engagement	Total Time, years	Name, Title, Current Phone Number and Mailing Address of Superior or other persons most familiar with your work
1					
2					
3					
4					
5					
6					
7					
8					
Total experience in years claimed by the applicant for Level 1					
Total experience in years claimed by the applicant for Level 2					
Total experience in years claimed by the applicant for Level 3					
Summary verified by the Division of Water Quality					