

Utah Water Operator Certification Program
APPLICATION FOR UNRESTRICTED CERTIFICATE

Instructions:

*To help us determine your operator status, please fill out **all** sections. Information will be verified by the Operator Certification Program staff. Mail or fax your completed application to:*

*Division of Drinking Water
 Operator Certification Program
 P.O. Box 144830
 Salt Lake City, Utah 84114-4830
 Telephone: 801-536-4200
 Fax: 801-536-4211*

<i>-OFFICE USE ONLY-</i>	
<input type="checkbox"/>	<i>Approved</i> <i>Comments:</i>
<input type="checkbox"/>	<i>Denied</i>

(please print or type)

Today's Date _____

Applicant's Name _____ Birthdate _____
last name first name middle name

House Address or P.O. Box _____

City _____ State _____ Zip Code _____

E-mail address _____

Employer or Water System Name _____ Work Phone _____

Address _____ Fax Number _____

City _____ State _____ Zip Code _____

CURRENT EMPLOYMENT

Your current job title _____ Total years with this employer _____

Total years as DRC* operator with this employer _____ Are you a DRC* operator now? Yes ___ No ___

Duties of current position: _____

**DRC - Direct Responsible Charge. DRC means active daily on-site charge and performance of operation duties. The person in direct responsible charge is generally an individual who independently makes decisions during normal operation which can affect the sanitary quality, safety, and adequacy of water delivered to customers. In cases where only one operator is employed by the system, this operator shall be considered to be in direct responsible charge. In cases where more than one operator is employed, more than one operator may be in direct responsible charge.*

If you want credit as a Direct Responsible Charge (DRC) operator, fill out this section and have your supervisor sign below:

“Mr / Ms _____ has _____ total years of water system experience and _____ years as a _____ Direct Responsible Charge Operator
(Treatment and/or Distribution)

with the _____ water system (Utah water system # _____).”

Supervisor's signature _____ Date _____

PAST EMPLOYMENT

Note: Experience gained by the operator as a DRC (direct responsible charge) operator which is to be considered for use in the determination of restricted vs. unrestricted status must be in the discipline of Treatment or Distribution of the certificate desired.

“In **addition** to the experience noted above, I have _____ total years experience in _____ and _____ total years as a DRC Operator
(Treatment and/or Distribution)

in other drinking water systems. I understand that all information may be verified at any time by the Operator Certification Program staff.”

Operator's signature _____ Date _____

After completing this section, please fill out “Previous Water Industry Work Experience” on next page.

EDUCATION

What is the highest level of education you have completed?

GRADE SCHOOL _____ HIGH SCHOOL _____

COLLEGE GRADUATE:

___ Associate (2-year degree)	Major _____	Year _____
___ Bachelor (4-year degree)	Major _____	Year _____
___ Master (Post Graduate)	Major _____	Year _____
___ Doctorate	Major _____	Year _____

PREVIOUS WATER INDUSTRY WORK EXPERIENCE

Employer's Name and Address

Your job title _____

Total years with this employer _____ Total years as Direct Responsible Charge operator _____

Job duties:

Supervisor's name _____

Employer's Name and Address

Your job title _____

Total years with this employer _____ Total years as Direct Responsible Charge operator _____

Job duties:

Supervisor's name _____
