



Utah Division of Drinking Water  
Operator Certification Program  
**Application for Written Exam**

**Instructions:** Fill out the application form *completely* and return it, along with the \$100.00 exam fee, to the Division of Drinking Water by the deadline. Applications can be received by e-mail, fax, or mail. Applications received after the deadline or without a fee will not be accepted. All correspondence will be mailed to you at the home address you provide on this page. If you have questions or concerns, please call the Operator Certification Program staff at (801) 536-4200.

Make a check or money order payable to the "Division of Drinking Water" or "DDW." To pay cash go to the DDW's office. Do not send cash through the mail. You may pay the fee at the DDW website's Shopping Cart:

[www.deq.utah.gov/FeesGrants/fees/drinkingwater/shoppingcart.htm](http://www.deq.utah.gov/FeesGrants/fees/drinkingwater/shoppingcart.htm)

Mailing address:

Division of Drinking Water  
195 North 1950 West  
P.O. Box 144830  
Salt Lake City, Utah 84114-4830

Contact Operator Certification Program Staff:

Telephone: (801) 536-4200  
Fax: 801-536-4211  
E-mail: dmjacob@utah.gov  
Website: <http://drinkingwater.utah.gov>

*Individuals with special needs must schedule a separate, private exam date and time. "In compliance with the American Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Ashley Nelsen, Office of Human Resources, at: (801) 536-4412, TDD (801) 903-3978, at least five working days prior to the scheduled meeting."*

**Please print clearly or type**

Today's Date \_\_\_\_\_

Applicant's name (Mr. or Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Certification # \_\_\_\_\_ E-mail address \_\_\_\_\_

Home address or PO Box # \_\_\_\_\_ Cell phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone \_\_\_\_\_

Employer or Water System name \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**CIRCLE GRADE LEVEL DESIRED**

Water Distribution Grade Levels  
(includes chlorination)

SS    1    2    3    4

Water Treatment Grade Levels  
(complete treatment of surface water)

1    2    3    4

*Definitions: SS - small system exam (for water systems serving a population of 25-500); GRADE 1 (pop. <1,500); GRADE 2 (pop. 1,501 to 5,000); GRADE 3 (pop. 5,001 to 20,000); GRADE 4 (pop. >20,000).*

**Exam date (month/day/year):** \_\_\_\_\_

## CIRCLE EXAM LOCATION DESIRED

(In the event of a location change, you will be notified by confirmation letter.)

Environmental Health Building  
85 East 1800 North  
Logan, Utah 84321

Southeast Utah District Health Dept.  
117 S. Main Street  
Monticello, Utah 84535

Utah County Health Department  
151 S. University Ave (Suite 2600)  
Provo, Utah 84601

Bear River District Health Dept  
817 West 950 South (use south building)  
Brigham City, Utah 84302

Southeast Utah District Health Dept.  
28 South 1st East  
Price, Utah 84501

TriCounty Health Department  
133 South 500 East  
Vernal, Utah 84078

Central Utah Public Health Dept  
160 North Main (Room 214)  
Nephi, Utah 84648

Utah State University Extension Office  
585 North Main, Suite 5  
Cedar City, Utah 84720

Wasatch City-County Health Dept.  
55 South 500 East  
Heber City, Utah 84032

Central Utah Public Health Dept.  
70 Westview Drive  
Richfield, Utah 84701

Southwest Utah Public Health Department  
620 South 400 East, Suite 400  
St. George, Utah 84770

Weber-Morgan District Health Dept.  
477 23rd Street  
Ogden, Utah 84401

Davis County Health Department  
22 South State (Room 2021/2023)  
Clearfield, Utah 84015

Summit County Public Health Department  
650 Round Valley Drive  
Park City, Utah

### **Rural Water Association Conference**

Please use the application provided by  
RWAU for the exams at the Dixie Center  
and the Davis Convention Center. Contact  
the RWAU staff for more information:  
RWAU telephone: 801-756-5123  
RWAU website: <http://www.rwau.net>

Department of Environmental Quality  
195 North 1950 West (see main floor  
receptionist)  
Salt Lake City, Utah 84116

Tooele County Health Dept.  
151 N. Main Street  
Tooele, Utah 84074

## CURRENT EMPLOYMENT

Current employer \_\_\_\_\_ Utah water system number \_\_\_\_\_

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

Experience gained by the operator as a 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.

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

“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 \_\_\_\_\_

### 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\_\_\_\_\_

---

*(Office Use Only)*

Operator Status:

Unrestricted

Restricted

DRC  Experience