



Certified Drinking Water Operators Application

• Please place an "X" in the appropriate box indicating which type of license you are applying for:

Water Operator License Operator in Training License Distribution License

Reciprocal License Limited License

• Please print or type:

Name:

First *MI* *Last*

Home Address:

No. and Street

City

State

Zip Code

Cell / Home

Phone No.(circle)

Work Phone No.

Area Code

Area Code

E-Mail Address:

Have you previously filed an application for a license with the Division of Public Health? Yes No

Have you taken a Division of Public Health examination for water operator licensing? Yes No

Score: Date Taken:

EDUCATION

Do you have a high school diploma or equivalency certificate (GED)? Yes No

Do you have a college degree? (optional) Yes No

Name & Location of college	Dates Attended		Major	Degree
	From	To		

Drinking Water System Employment Record (Begin with present position and work back through applicable experience)

NAME OF PUBLIC WATER SYSTEM AT WHICH YOU ARE OR EXPECT TO BE EMPLOYED:

Name of Employer					
Address & Phone Number					
Position/Title		Dates of Employment			
		From:		To:	
Specific Duties/Treatments					
Have these treatments been in place the entire time you have worked there?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Full Time	If part time, give the number of hours worked per week:	Time Employed At This Facility			
		As Direct Responsible Charge At This Facility*		Operating Experience**	
<input type="checkbox"/> Part Time		Yrs.	Mos.	Yrs.	Mos.
<p>This section below is to be completed by the applicant's current supervisor</p> <p><i>To the best of my knowledge, I certify that the above information is factual and accurate</i></p>					
Printed Name		Supervisor's Signature		Phone #	Date

PREVIOUS WATER SYSTEM EMPLOYMENT:

Name of Employer					
Address & Phone Number					
Position/Title		Dates of Employment			
		From:		To:	
Specific Duties					
Have these treatments been in place the entire time you have worked there?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Full Time	If part time, give the number of hours worked per week:	Time Employed At This Facility			
		As Direct Responsible Charge At This Facility*		Operating Experience**	
<input type="checkbox"/> Part Time		Yrs.	Mos.	Yrs.	Mos.

***Direct Responsible Charge** means a certified water system operator assigned accountability for performance of active, on-site operational duties.

****Operator** means a licensed person who works in a water treatment facility and/or a water distribution system who may be a direct responsible charge or may work under a direct responsible charge.

Base Level License Includes:

Disinfection

Hypochlorination

Distribution

Flow < 500 gpm at 20 psi

Approved Sampler / Tester

AST

Applicants applying for a Reciprocal License need to fill out the information in the area below

Applicants must provide a copy of their current license/certificate and provide a copy of that State's licensing requirements

State in which licensed and current classification

License #

ACKNOWLEDGEMENT (read this section carefully)

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions of misrepresentations may result in ineligibility for certification or revocation of any certificate granted. I understand that the enclosed fee is non-refundable. Further, should I have received the certification under false circumstances, I will immediately surrender the certificate to the Division of Public Health, Office of Drinking Water. I also consent to a thorough investigation of my application for the purpose of verification of my qualifications for certification. I also understand that by signing below I give the Division of Public Health, Office of Drinking Water the authority to use and report this information and my test results for statistical and demographic purposes only. I waive all claims and agree to indemnify and hold harmless the Division of Public Health, Office of Drinking Water for any action taken pursuant to the rules and standards of the Division of Public Health, Office of Drinking Water with regard to my application and / or my certification except claims based on gross negligence or lack of good faith.

Signature of applicant

Date

IMPORTANT: Read carefully before submitting your application.

- Have you answered all of the questions? Please check to make sure you have completed the application.
- Have you signed and dated the application above?
- Has your current supervisor signed and dated the appropriate employment block?
- Have you provided all necessary documentation?
- Incomplete applications will be returned.
- Send you application and all necessary documentation to:

**Division of Public Health
Office of Drinking Water
Edgehill Shopping Center
43 South DuPont Highway
Dover, DE 19901**

DO NOT WRITE IN THE SECTION BELOW

DO NOT REMOVE THIS PAGE – FOR ADVISORY COUNCIL USE ONLY

			Approved?			
Reviewed By:	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Printed Name	Date Reviewed				
Reviewed By:	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Printed Name	Date Reviewed				
Reviewed By:	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Printed Name	Date Reviewed				

Secretary or designee approval:	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	Date: _____

Comments: _____

			Approved?			
Reviewed By:	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Printed Name	Date Reviewed				
Reviewed By:	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Printed Name	Date Reviewed				
Reviewed By:	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Printed Name	Date Reviewed				