



Phone: (302) 741-8630  
Fax: (302) 741-8631

**WATER TREATMENT PLANT OPERATOR**  
**EXAMINATION REGISTRATION FORM**  
**REGISTRATION MUST BE TYPED OR PRINTED**

DATE EXAMINATION IS SCHEDULED TO BE TAKEN: \_\_\_\_\_

\*Are you currently a Licensed Water Operator in Delaware? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Name of Employer: \_\_\_\_\_

3. Home Address: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. Check which Examination you are registering for: Base Level Water Operator \_\_\_\_\_

Approved Sampler/Tester \_\_\_\_ Chemical Feed \_\_\_\_ Fluoridation \_\_\_\_ Filtration \_\_\_\_

Disinfection \_\_\_\_\_ Distribution \_\_\_\_\_ Limited License \_\_\_\_\_ Other \_\_\_\_\_

I hereby certify that this registration contains no misrepresentation or falsifications, is true and complete to the best of my knowledge and belief. I am aware that any willful falsification or misrepresentation will result in the revocation of any certificate issued.

\_\_\_\_\_  
(Signature of Registrant) (Date)

**\* PLEASE BRING SOME TYPE OF PHOTO IDENTIFICATION TO THE EXAMINATION WITH YOU!**

Mail completed form to: Office of Drinking Water, Edgehill Shopping Center, 43 S. DuPont Highway, Dover, DE 19901