



LIMITED LICENSE
WATER OPERATOR APPLICATION

New Application

Please Print Legibly

- 1. Name: (last) (first) (middle initial)
2. Home address: City: State: Zip Code:
3. Home phone: Work phone: Cell phone:
4. Email address:
5. Do you wish to receive the ODW monthly newsletter Blast via email? Yes No
6. Have you previously filed an application for a water operator license with the Division of Public Health? Yes No
7. Have you attended a course approved by the Division of Public Health? Yes No
If yes - provide the name of the course provider:
8. Have you taken an examination for the Limited License? Yes No
Date exam taken*: Score:

*Attach proof of attendance/exam score to this application.

EDUCATION

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

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

Table with 4 columns: Name/Location of Educational Institution, Dates Attended (From, To), Major (if applicable), Degree (if applicable)

PUBLIC WATER SYSTEM (PWS) EMPLOYMENT INFORMATION

- 1. Name of PWS employer: _____
- 2. PWS ID number: _____
- 3. Address: _____
- 4. Position/title: _____ Start date of employment: _____
- 5. Specific duties/treatments: _____
- 6. Have these treatments been in place the entire time you have worked there?
Yes No N/A
- 7. Employment status: Full-time Part-time
If part-time, how many hours per week? _____
- 8. Are you currently employed at this PWS? Yes No

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)

Application fee: send this completed document together with a check made out to “The Office of Drinking Water” for \$100.00. Mail the check and completed application to:

Office of Drinking Water
43 South DuPont Highway
Dover, DE 19901

OFFICIAL USE ONLY

Approved: Yes No
Reviewed by: _____
Date of review: _____
Initials: _____