

WATER TREATMENT PLANT OPERATOR EXAMINATION REGISTRATION FORM

All fields are required

1.	Scheduled date of examination:			
2.	Are you currently a Licensed Water Operator in Delaware? Yes \Box No \Box			No 🗆
3.	Name:			
	(last)	(first)	(middle)	
4.	Home address:			
	City:	State:	Zip Code:	
5.	Home phone:	Work phone:	Cell phone:	
6.	Email address:			
7.		Last 4 digits of SSN:		
8.	Name of public water system employer:			
	PWS ID:			
9.	Check the examination that you are registering for:			
	Base Level Water Operator (including Operator-in-Training) \Box Disinfection \Box			
	Chemical Feed $\ \square$	Filtration S	Surface Water $\ \square$	
	Distribution (flow >500gpm at 20 psi) \Box			
	Other treatments (specify) \Box			

I hereby certify that this registration contains no misrepresentation or falsifications, and 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 your photo identification to the examination!

Mail this completed form to: Office of Drinking Water 43 South DuPont Highway Dover, DE 19901