DRINKING WATER OPERATOR
LICENSE RENEWAL APPLICATION

General instructions:

- Follow all instructions carefully
- Complete both pages fully
- Submit at least 4 weeks prior to your expiration date
- The renewal fee is $100.00
- Make check payable to: Division of Public Health

- Mail completed application to:

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

License Information

The license period is two years. It is the responsibility of the licensee to file a renewal application with the Advisory Council. The Advisory Council is not required to notify licensees of expiration dates. Applications for renewal postmarked after the end of the licensing period will be considered late.

Applicant Information

1. Name _____

2. Address _____

3. City/State/Zip code_____

4. Work phone _____Cell phone_____

5. Email address _____

6. License number _____

7. Which public water system(s) do you currently operate?_____

   _____

Continuing Education Requirement:

All licensees must obtain 20 educational contact hours (ECH) every two years to be eligible to renew their license. ECHs must be completed prior to the time a license is renewed. Extra ECHs do not carry over to the next licensing period. Licensees will only get ECH credit for their first attendance of approved courses during each licensing period. Licensees may retake an approved course in the same licensing period but will not receive additional ECHs.

Attach documentation of completion of continuing education requirements (20 ECHs with a minimum of 10 ECHs that are of a technical nature, directly related to waterworks operation, treatment, or distribution) earned within the two-year licensing period.

Educational Contact Hours Documentation

All ECHs must be approved by the Advisory Council. The advisory Council regularly meets and approves courses for ECHs. An operator that receives training in a course that was not pre-approved by the Advisory Council may still submit ECHs to the Advisory Council with this application. The Advisory Council will review the course information.

1. Pre-approved courses - The documentation can be in the form of training course certificates, transcripts, or other acceptable course completion documentation. It must contain the following information: course title, instructor, date of completion, and contact hours.
2. Courses or trainings that have not been reviewed by the Advisory Council - Submit the following for each course:
    a. Course title
    b. Course description/syllabus (This information should be adequate to allow the council to determine if the course is directly related to waterworks operation, treatment, or distribution.)
    c. Number of classroom hours
    d. Course format (online, classroom)
    e. Instructor name
    f. Instructor qualifications (in one or two paragraphs)
    g. Course completion documentation (a certificate is most common)

Note: 1 classroom hour = 1 ECH (education contact hour)
        10 ECHs = 1 CEU (continuing education unit)

Acknowledgement

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 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

| **Official Use Only** (initials and date) |
| Approved _____ |
| Not Approved _____ |