

Utah Water Operator Certification Program

EXAMINATION APPLICATION

for the Rural Water Association of Utah's Annual Conference

Testing Date: September 16, 2010

Instructions:

To help us determine your operator status (restricted or unrestricted), please complete **all** sections. All correspondence will be mailed to you at the home address you provide on this page. The water operator exam fee is \$100.00. The testing fee is included in the water operator certification review class conference registration. If you are not planning on attending the review class, you must make the exam fee payment of \$100.00 to the Rural Water Association of Utah. The test will be held on September 16, 2010 and you will be given three hours to complete the exam.

Beginning July 1, 2009, it is required to have a **notarized proof of citizenship along with photo ID** submitted with the examination application and to sit for any certification test. Please find the required paperwork within this application.

Exam application deadline is **August 31, 2010** by the end of the business day. Please return this application to:

MAIL: Rural Water Association of Utah
76 Red Pine Dr
Alpine, UT 84004
OR Fax: 801-756-5036

This examination application is for the September 16, 2010 testing date ONLY. If you are taking the test on a different date/venue, please use the examination application from the Division of Drinking Water's website. (<http://www.drinkingwater.utah.gov/>)

Individuals with special needs must schedule a separate, private exam date and time. "In compliance with the American Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Brooke Baker, Office of Human Resources, at: (801) 536-4412, TDD (801) 536-4424, at least five working days prior to the scheduled meeting."

Please type or CLEARLY print

Today's Date: _____

Applicant's Name: _____ Birth Date: _____

Certification Number: _____ Email Address: _____

Home Address or PO Box #: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Employer or Water System Name: _____ Fax #: () _____

Address: _____ Work Phone: () _____

City: _____ State: _____ Zip: _____

Check grade level for the test you plan to take:

NOTE: If you have decided to take a distribution test **AND** a treatment test on the same test date/venue, it is a \$100.00 exam fee per test. In addition, rather than being given three hours to complete one test, you will be allowed three hours to complete **BOTH** tests.

WATER DISTRIBUTION GRADE LEVELS

SS 1 2 3 4

WATER TREATMENT GRADE LEVELS

1 2 3 4

Definitions: **SS** - small system exam (for water systems serving a population of 25-500); **GRADE 1** (pop.<1,500); **GRADE 2** (pop. 1,501 to 5,000); **GRADE 3** (pop. 5,001 to 20,000); **GRADE 4** (pop. >20,000).

New Requirement for Water Operators and Backflow Technician Certification

Under Utah State Law the Utah Department of Environmental Quality (DEQ) is required to verify the lawful presence in the United States of an individual at least 18 years of age (includes sole proprietor doing business under assumed name) who has applied for Water Operator certification or Backflow Technician certification. This law also applies for renewal, reinstatement, and reciprocity applications.

Applicants for these certifications are required to notarize and attach the following documents:

- Complete and attach the form below
- Attach copy of your photo ID
- Have the document notarized

These documents will be confidential and not distributed publicly.

For questions, contact Kim Dyches, (801-536-4202), kdyches@utah.gov Water Operator Certification at the Division of Drinking Water.

Utah Department of Environmental Quality Certification Pursuant to UCA 63G-11-104

I, _____, hereby certify under penalty of perjury that I am:

a United States citizen, copy of photo ID attached (driver's license, passport, or similar),

or

a qualified alien as defined in 8 USC, Sec. 1641, and lawfully present in the United States.
Alien ID No. _____.

Dated this _____ day of _____, 20____.

Applicant's Name _____

Address _____

Applicant's Signature _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.



NOTARY PUBLIC

My commission expires: _____

IMPORTANT NOTE:

Certification of Citizenship form:

- **Exemption:** If you have submitted this form to the Division of Drinking Water (DDW) since July 2009, you do not need to submit it again. However, you will need to verify with Margaret Hand (801-536-4200) that the DDW has that form on file and have her email Diana Waite (dwaite@rwau.net) at RWAU stating exemption.
- **If not exempt:** This form must be completed prior to the certification training, submitted with exam application, and you should bring the original form with you on the testing date.

The following 2 pages are designed to help determine which type of certification will be issued (restricted vs. unrestricted.)

CURRENT EMPLOYMENT

Utah Water System Name: _____ System Number: _____

Current Job Title: _____ Total Years with this Employer: _____

Total Years as DRC* with this employer: _____ Are you the DRC Operator Now? Yes No

Duties at current position:

***DRC (Direct Responsible Charge)** - DRC means active daily on-site charge and performance of operation duties. The person in direct responsible charge is generally an individual who independently makes decisions during normal operation which can affect the sanitary quality, safety, and adequacy of water delivered to customers. In cases where only one operator is employed by the system, this operator shall be considered to be in direct responsible charge. In cases where more than one operator is employed, more than one operator may be in direct responsible charge.

If you want credit as the direct responsible charge fill out the following box section and have your supervisor sign below:

“Mr./Ms. _____ has _____ total years of water system experience and _____ years as a _____ Distribution and/or Treatment Direct Responsible Charge Operator with the _____ water system (Utah Water System #) _____.”

Supervisor’s Signature: _____ Date: _____

PAST EMPLOYMENT

Experience gained by the operator as a Direct Responsible Charge operator, which is to be considered for use in the determination of restricted vs. unrestricted status, must be in the discipline of Treatment or Distribution of the certificate desired.

After completing this section, please fill out "Previous Water Industry Work Experience" on the next page.

“In addition to the experience noted above, I have _____ total years experience in _____ and _____ total years as a DRC Operator in other drinking water systems. I understand that all information may be verified at any time by the Operator Certification Program staff.”

Operator’s Signature: _____ Date: _____

EDUCATION

What is the highest level of education you have completed?

- Grade School High School
- Associates (2 year degree) Major: _____ Year: _____
- Bachelors (4 year degree) Major: _____ Year: _____
- Masters (Post Graduate) Major: _____ Year: _____
- Doctorate Major: _____ Year: _____

PREVIOUS WATER INDUSTRY EXPERIENCE

Employer's Name and Address:

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Your Job Title: _____ Years with employer: _____ Years as DRC with this employer: _____

Job Duties: _____

Supervisor's Name: _____

Employer's Name and Address:

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Your Job Title: _____ Years with employer: _____ Years as DRC with this employer: _____

Job Duties: _____

Supervisor's Name: _____

(OFFICE USE ONLY)

	Date	Name	Amount	Type of Payment:
Examination fee rec'd:				
Enter/Update in SARA:			Operator Status: _____ Restricted _____ Unrestricted	
Certificate Printed:				
Certificate Mailed:				
