



# Drinking Water Program SMALL WATER SYSTEM OPERATOR APPLICATION

**PLEASE READ IMPORTANT INFORMATION ON BACK OF FORM!**

**Section A**

Name of system: \_\_\_\_\_ PWS ID # 41- \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_

Are you renewing an existing Certification? Yes\_\_ No\_\_ If yes, give expiration date \_\_\_\_\_  
(See # 4 on the back of this form if there are other currently certified operators for this system.)

**Section B**

**Designated Operator in Responsible Charge (DRC)**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

√ **Certification request is based on : (check one of the following)** NEW

|                          |                                    |          |          |
|--------------------------|------------------------------------|----------|----------|
| <input type="checkbox"/> | Operator is Certified in WT or WD  | OR Cert# | Level    |
| <input type="checkbox"/> | Water Operator Training*           | Date     | Location |
| <input type="checkbox"/> | Contract with Certified Operator** | OR Cert# | Level    |

\* Please attach copy of Class Certification      \*\* Please attach copy of Contract

**Operator 2**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

√ **Certification request is based on : (check one of the following)**

|                          |                                    |          |          |
|--------------------------|------------------------------------|----------|----------|
| <input type="checkbox"/> | Operator is Certified in WT or WD  | OR Cert# | Level    |
| <input type="checkbox"/> | Water Operator Training*           | Date     | Location |
| <input type="checkbox"/> | Contract with Certified Operator** | OR Cert# | Level    |

\* Please attach copy of Class Certification      \*\* Please attach copy of Contract

**If more than 2 are requesting certification, please attach another copy of this form.**

**Section C**

**Legal Owner or Authorized Agent (See back for instructions)**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**When completed, mail to:**

Department of Human Services, Drinking Water Program  
PO Box 14450, Portland OR 97293-0450

**For further information**

Go to our website at: [www.oregon.gov/DHS/ph/dwp](http://www.oregon.gov/DHS/ph/dwp)  
Or call Drinking Water Operator Certification: (971) 673-0413

## PLEASE READ CAREFULLY

### *Section B DRC-The person in charge of the day to day activities.*

#### **1. Currently Certified?**

If the applicant is currently certified in Oregon as a Water Distribution (WD) or Water Treatment (WT) operator, please include the Certification # and level of Certification.

#### **2. Certification by Water System Training**

Certification via training is good for 3 years expiring July 31 of the 3<sup>rd</sup> year. The applicant must have completed the Drinking Water Program's Small Water System Training Course within three years prior to the application. See our newsletter The Pipeline or visit our website for upcoming training dates.

#### **3. Contract with Certified Operator**

A system can elect to comply with the certification requirements by contracting with an operator with a valid Small Water Certification or Oregon WD or WT Certifications. A copy of the contract must be submitted as proof along with the application.

#### **4. List all Current Operators**

If your system has other currently certified operators than those listed on the front of this form, please write their name here. This will ensure our records are updated. \_\_\_\_\_

### *Section C*

#### **5. Legal Owner**

This portion of the form must be signed by someone with authority to designate the operator on behalf of the system. An operator **cannot designate** themselves as being in Direct Responsible Charge unless they have authority to make the designation on behalf of the system.

Depending on the type of system, that authority could reside with a number of persons. It could be the actual owner or, in the case of a homeowners association, one of the officers of the association. For a school, it could be a District officer or the Principal of the school. For a workplace, it could be the general manager, or an officer of the company.

State law requires you to provide your Social Security Number for any certification, license, or registration issued by the State of Oregon. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certification you seek. This record of your Social Security Number will be used for child support enforcement purposes and will not be used as a certification number on any certificate.

(Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC § 666(a)(13))