DWS Operator Certification
Address Change Form

Instructions: Complete this form if your address has changed. Email completed form to dws.opcert@dhsoha.state.or.us, fax to 971-673-0694, or mail to:

Operator Certification Coordinator
PO BOX 14450
Portland, OR 97293

Previous Contact Information

Name: _____Cert #: _____

Employer: _____ PWS ID: 41-_____

Address: _____

City: _____ State: _____Zip: _____

Phone #: _____ ☐ work ☐ cell ☐ home

Email: _____

New Contact Information

Name: _____Cert #: _____

Employer: _____ PWS ID: 41-_____

Address: _____

City: _____ State: _____Zip: _____

Phone #: _____ ☐ work ☐ cell ☐ home

Email: _____

Additional information and forms at www.healthoregon.org/opcert
Need help? Contact the program 971-673-0321 or email dws.opcert@dhsoha.state.or.us