



OREGON DRINKING WATER PROGRAM
OPERATOR CERTIFICATION

TRANSFER/TERMINATE NOTICE

1. Operator

Name
Address
City State Zip
Cert #:

2. Contractor Information (contract with PWS)

Company
Address
City State Zip

3. Old Facility

PWS Name
PWS Address
City Zip
PWS Number
County

4. New Facility

PWS Name
PWS Address
City Zip
PWS Number
County

5. Status

<input type="checkbox"/> Transfer to new facility
<input type="checkbox"/> Retired
<input type="checkbox"/> Moved out of State
<input type="checkbox"/> New career
<input type="checkbox"/> Other

6. Mailing Address if different than #4.

PWS Name
PWS Address
City Zip
PWS Number

Signature: _____

Date: _____

Please Read Carefully

If your job status has changed, please fill out this form, Transfer/Termination Notice, to help keep our records up-to-date.

If you have transferred to a new facility, please complete Sections 1-6.

If you are no longer a certified drinking water operator, complete Sections 1, 2 and 5.

Section 1: Fill in your name and address.

Section 2: Complete if you are a contractor with a public water system.

Section 3: Complete if you have transferred from a job.

Section 4: Complete if you have transferred to a new job.

Section 5: Check which status applies to you.

Section 6: Complete if the mailing address is different than the New Job information from # 4 above.

Sign and date.

Early termination of your certificate will discontinue renewal notices. Keep in mind, in terminating your certificate, you will no longer be certified in the State of Oregon. Once you are terminated, you will need to reapply to become certified. If you do not complete this form, you will continue to receive renewal notices and other mailings from the Department until your certificate becomes terminated.

Please keep in mind if you are the DRC with the new facility, a DRC form must be completed and signed by the owner or legal representative for the public water system (PWS). For this and other DWP forms, go to <http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Pages/index.aspx>.

Return this form to:

OHA, Drinking Water Program
PO Box 14450,
Portland OR 97293-0450.