



Small Water System Operator Application | Drinking Water Services

Phone 971-673-0321 | Fax 971-673-0694 | dws.opcert@dhsosha.state.or.us | PO Box 14450; Portland, OR 97293

Complete this application to apply for an 'S' certification for your small water system (SWS).
The owner or authorized agent for the water system must sign this form.
Missing information or attachments **will delay** the certification process.
Print clearly and keep a copy of the completed application for your records. Instructions are on page 2.

Reason for Application

New SWS Operator SWS Operator Renewal Applicant is the DRC

Water System Information

SWS Name: _____ PWS ID# 41- _____

Operator Information

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security # (required for first time applicants): _____ On file with DWS

Mailing Address: _____ Work Home

City: _____ State: _____ Zip: _____

Phone #: _____ work cell home Email: _____

I am qualified to be a SWS operator by (select one):

Training:

SWS Training Course (copy attached): Course Date: _____ Course Location: _____

Graduated High School or granted a GED Attach a copy of diploma/GED ***Required*** On file with DWS

Distribution/Treatment Certification:

I am certified by the State of Oregon as a Distribution or Treatment Operator. Cert #: _____

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge.

SWS Operator Printed Name: _____

SWS Operator Signature: _____ Date: _____

Owner or Authorized Agent Information

The **owner** or **authorized agent** is the person or entity that owns or is responsible for the public water system (e.g. mobile home park, private corporation, privately owned subdivision).

Name: (first, middle initial, last): _____ Owner Authorized Agent

Company Name: _____

Mailing Address: _____ Work Home

City: _____ State: _____ Zip: _____

Phone #: _____ work cell home Email: _____

The SWS operator listed above is a hired contractor. I have attached/mailed a copy of the contract.

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, and/or my certification(s) suspended or revoked.

Owner Printed Name: _____ Title: _____

Owner Signature: _____ Date: _____

Office Use Only

Education Training Incomplete:

Approved



Instructions for Small Water System Operator Certification Application

Phone 971-673-0321 | Fax 971-673-0694 | dws.opcert@dhsoha.state.or.us

Thank you for applying for an Oregon Small Water System Operator Certification. The below instructions will help you fill out the application. Don't forget to make a copy of the completed application packet for your records.

Acronyms & Definitions

SWS = Small Water System
PWS = Public Water System
DWS = Drinking Water Services

Authorized agent is a person directly appointed by the owner and must have been given the authority to act and sign all legal documents on the owner's behalf.

Reason for Application

Select whether you are submitting this application for a new SWS operator or to renew the current SWS operator. If you are applying for a new SWS operator, the Systems previous operator will be removed (if different).

SWS Information

Provide the SWS name and PWS ID#. If you are not sure you can look it up on Data Online www.yourwater.oregon.gov

SWS Operator Information

- Provide your first name, middle initial and last name of the SWS operator.
- **Social Security # is required for certification.**
 - If this is your very first certification with DWS we cannot process your application without your social security number.
 - If you already have an active certification with DWS, you can leave the field blank and check the box 'On file with DWS'.
- **Phone #:** Provide a good phone number that we can contact you at, and identify the phone type (work, cell, or home).
- **Email:** Include the email address that you would want to be contacted at should we have questions about your application, or if we need to send you duplicate copies of your certificate.
- There are two ways to qualify as a SWS operator:
 - Option 1:
 - Submit a copy of your high school diploma or GED. If you are unable to locate your diploma or certificate, you can contact your school and get a copy of your transcripts to submit.
 - Submit a copy of your SWS Training course completion certificate. (keep the original for your records)
 - Option 2:
 - Having a Distribution or Treatment certification with DWS. You will need to provide your certification number(s).
- The SWS Operator needs to certify the information is correct and sign and date the application.

Owner Information

- **This section must be completed and signed by the SWS Owner or Authorized agent.**
- Provide your first name, middle initial, and last name. Select whether you are the owner or authorized agent.
- Provide your company name.
- Provide your mailing address, this is where your SWS operator certification will be sent.
- Provide a phone number and identify whether it's your work, cell, or home phone number.
- Provide your email address.
- If the SWS operator listed on the first part of the application has been contracted by the SWS, please provide a copy of the contract. You can mail, email, or fax the information over, please make sure your Water System name and PWS ID # are on the first page.
- The owner or an authorized agent **must sign** this section of the SWS Operator application in order to be approved.

Submit Completed Application Packet by mail, fax, or email

Mail to: DWS- SWS Operator Fax to 971-673-0694
PO Box 14450 Email to dws.opcert@dhsoha.state.or.us
Portland, OR 97293

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