



# State of Utah

## Division of Drinking Water

### Operator Certification Program

# EXAM APPLICATION

#### Online Exam Registration

Rural Water Association of Utah  
(**RWAU**) 14572 S 790, A203  
Bluffdale, UT 84065  
**Phone:** 801-756-5123  
**Email:** [rwau@rwau.net](mailto:rwau@rwau.net)  
[www.rwau.net](http://www.rwau.net)

#### Paper Exam Registration

Division of Drinking Water (**DDW**)  
P.O. Box 144830  
Salt Lake City, UT 84114  
**Phone:** 385-272-5038  
**E-mail:** [DDWOpCert@utah.gov](mailto:DDWOpCert@utah.gov)  
[DDWOpCert.utah.gov](http://DDWOpCert.utah.gov)

"In compliance with the American Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Kimberly Diamond-Smith, Office of Human Resources, at: (801) 536-4285, TDD (801) 903-3978, to schedule a meeting."

#### Checklist Instructions

<input type="checkbox"/> <b>Online Exam</b> - Register through RWAU	<input type="checkbox"/> <b>Paper Exam</b> - Register through DDW
<input type="checkbox"/> <b>Step 1</b> Fill out this application completely and get your proof of citizenship form (attached) <b>notarized</b>	<input type="checkbox"/> <b>Step 1</b> Fill out this application completely and get your proof of citizenship form (attached) <b>notarized</b> .
<input type="checkbox"/> <b>Step 2</b> Submit the application, pay the \$189 exam fee, and schedule an exam with the <b>RWAU</b> by completing the <i>Online Exam Proctor Request Form</i> . <a href="https://rwau.formstack.com/forms/online_proctor_exams">https://rwau.formstack.com/forms/online_proctor_exams</a>	<input type="checkbox"/> <b>Step 2</b> Submit your application and pay the \$264 Paper exam fee to <b>DDW</b> by the application deadline. <b>Location:</b> RWAU Conference in St. George, Utah <b>Exam Date:</b> 2/27/2026 <b>Application Deadline:</b> 2/13/2026 <a href="https://deq.utah.gov/drinking-water/dw-payment-portal#opcert">https://deq.utah.gov/drinking-water/dw-payment-portal#opcert</a>

Certifications are due for renewal every 3-years on December 31<sup>st</sup>. Operators are required to obtain Continuing Education Units (CEU's) during their 3-year cycle before applying for renewal. Operators' 3-year cycle for CEU's begins on **January 1<sup>st</sup>** after passing the exam. Any training accrued during the year of certification or prior will not apply towards renewal. Find more information at [DDWOpCert.utah.gov](http://DDWOpCert.utah.gov).

#### PERSONAL INFORMATION

**First, Middle, Last Name** (Mr. or Ms.): \_\_\_\_\_ **Certification #:** \_\_\_\_\_  
*For those who are already certified*

**Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

#### GRADE LEVEL DESIRED

Select one. Only *one* exam is allowed per paper exam.

**Water Distribution:** SS ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

*Distribution includes chlorination*

**Water Treatment:** 1 ☐ 2 ☐ 3 ☐ 4 ☐

*Treatment complete treatment of surface water*

#### EDUCATION

What is the highest level of education you have completed?

**HIGH SCHOOL DIPLOMA OR EQUIVALENT:** ☐

**COLLEGE GRADUATE:** Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

#### CURRENT EMPLOYMENT

**Employer/Water System:** \_\_\_\_\_

**Water System numbers:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Total years with this employer:** \_\_\_\_\_ **Total years of DRC experience:** \_\_\_\_\_

**CURRENT EMPLOYMENT (Continued)**

Description of experience:

**EMPLOYMENT**

Employer/Water System: \_\_\_\_\_

Water System numbers: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total years with this employer: \_\_\_\_\_ Total years of DRC experience: \_\_\_\_\_

Description of experience:

**EMPLOYMENT**

Employer/Water System: \_\_\_\_\_

Water System numbers: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total years with this employer: \_\_\_\_\_ Total years of DRC experience: \_\_\_\_\_

Description of experience:

Operator's signature: \_\_\_\_\_

Date: \_\_\_\_\_

" By signing, I certify the above information is correct & complete.  
I understand that all info might be verified by Drinking Water staff. "



# Proof of Citizenship

**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. *These documents will be confidential and not distributed publicly.*

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

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

Questions?  
Division of Drinking Water  
195 North 1950 West  
P.O. Box 144830  
Salt Lake City, UT 84114-4830

**Phone:** (801) 536-4200

<http://drinkingwater.utah.gov>



*I've already submitted a citizenship form.*

*Utah Department of Environmental Quality  
Certification Pursuant to UCA 63G-12-104*

**This paperwork must be:**

- ☐ Completed prior to issuance of certificate.

I, \_\_\_\_\_, hereby certify under penalty of perjury that I am:  
*Full Name*

☐ a United States citizen. *Must have copy of government issued photo ID attached.*

**OR**

☐ a qualified alien as defined in 8 USC, Sec. 1641, and lawfully present in the United States.  
*Alien ID #: \_\_\_\_\_*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

County: \_\_\_\_\_ State: \_\_\_\_\_.

Government Issued

**PHOTO ID**

**(Place copy here)**

*(driver's license, passport, etc.)*

*(can attach copy, cut and tape, or print copy on back)*

\_\_\_\_\_  
**NOTARY PUBLIC**

My commission expires: \_\_\_\_\_