

Utah Philision of Drinking Water CROSS CONNECTION CONTROL PROGRAM

CROSS CONNECTION CONTROL PROGRAM ADMINISTRATOR

CERTIFICATION APPLICATION



Instructions:			
\Box Step 1 Fill out the application form completely.	•		
(Official correspondence will be mailed to you at the address you provide on this page.)			
□ Step 2 New applicants must provide copy of citizenship form INCLUDING GOVERNMENT PICTURE I.D. notarized.			
Initial Certification or Renewal			
PERSONAL INFORMATION			
First, Middle, Last Name (Mr. or Ms.):			
Email address:		Date of Birth:	
Mailing Address:		_ Cell /Contact Phone #:	
City:	State:	Zip:	
EMPLOYMENT			
Current Employer (no abbreviations):			
Water System Name:			
Nork Phone #:			
Would you like to be available as a consultant or CCC Program Administrator of record for another			
drinking water system?			
Yes No			
Contact phone #:			
COURSE INFORMATION	5		
Date of Course: Ins	structor(s):	·	
_ocation of Course:		Length of Course:	hours/days
CONTINUING EDUCATION UNITS (C	CEU'S)		
DW CEIL'S VES Water Organian Contisionation #	4		

DOPL CEU's YES Name as on license: ______ DOPL License #: _____

Applicant's Signature:		Da	te:
"By signing, I certify the above	information is correct and complete.	I understand that any info might t	pe 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

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

> Phone: (801) 536-4200 Fax: 801-536-4211

proctor at the time of the scheduled written exam.

	☐ Have this document notarized	http://drinkingwater.utah.g
	ve already Utah Department	of Environmental Quality
	ubmitted a itizenship form. Certification Pur	suant to UCA 63G-12-104
ļ,		ereby certify under penalty of perjury that I am:
	United States citizen. Must have copy of gover	nment issued photo ID attached.
	qualified alien as defined in 8 USC, Sec. 1641	., and lawfully present in the United States.
	Dated this day of	, 20
	Applicant's Full Name:	
	Address:	
	Applicant's Signature:	
SU	BSCRIBED AND SWORN to before me this	day of
	Government Issued	NOTARY PUBLIC — do not sign if no photo ID copied
	PHOTO ID	My commission expires:
	(Place copy here) (driver's license, passport, or similar)	This paperwork must be: ☐ Completed prior to issuance of certificate. ☐ For backflow technicians: submitted to exam