

Office of Drinking Water 43 South DuPont Highway Dover, DE 19901 p: 302-741-8630 f: 302741-8631

## WATER TREATMENT PLANT OPERATOR EXAMINATION REGISTRATION FORM

## \*All fields are required\*

1.	Scheduled date of examination:			
2.	Are you currently a Licer	Yes □	No 🗆	
3.	Name:			
	(last)	(first)	(middle)	
4.	Home address:			
	City:	State:	Zip Code:	
5.	Home phone:	Work phone:	Cell phone:	
6.	Email address:		_	
7.			4 digits of SSN:	
8.	Name of public water system employer:			
	PWS ID:			
9.	Check the examination that you are registering for:			
	Base Level Water Operator (including Operator-in-Training) $\ \square$ Disinfection $\ \square$			
	Chemical Feed □	Filtration ☐ Sui	rface Water □	
	Distribution (flow >500gpm at 20 psi) □			
	Other treatments (specify)			
com	plete to the best of my kno	ation contains no misrepresentatio owledge and belief. I am aware tha the revocation of any certificate is:	t any willful falsificati	
	(Signature of	f Registrant)	(D	Pate)

\*Please bring your photo identification to the examination!

Mail this completed form to: Office of Drinking Water

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Dover, DE 19901