



WATER TREATMENT PLANT OPERATOR
EXAMINATION REGISTRATION FORM

All fields are required

- 1. Scheduled date of examination:
2. *Are you currently a Licensed Water Operator in Delaware? 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. Date of birth: Last 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) Disinfection
Chemical Feed Filtration Surface Water
Distribution (flow >500gpm at 25 psi)
Other treatments (specify)

I hereby certify that this registration contains no misrepresentation or falsifications and is true and complete to the best of my knowledge and belief. I am aware that any willful falsification or misrepresentation will result in the revocation of any certificate issued. Registration forms must be submitted thirty (30) days prior to the exam.

(Signature of Registrant) (Date)

*Please bring your photo identification to the examination!

Mail this completed form to: Office of Drinking Water
43 South DuPont Highway
Dover, DE 19901
Attn: Terry Pinder or
email Terry.Pinder@delaware.gov