



### State of Delaware Water Operator Renewal Application

Renewal is the process that registered operators must comply with under the State of Delaware’s standards to maintain their status as registered operators.

#### General Instructions

- Please read and follow all instructions carefully. **Complete Both Pages** fully and accurately.
- The fee for renewal is \$100.00.
- Make check or money order payable to: Division of Public Health. We do not accept credit or debit cards.
- Please allow 4 weeks for processing before calling to check on the status of your application.
- Mail completed application to:
  - Division of Public Health, Office of Drinking Water
  - Edgehill Shopping Center
  - 43 S. duPont Hwy
  - Dover, DE 19901
- Questions? Phone (302) 741-8630

#### General Information

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### Certification Information

Certificate Number \_\_\_\_\_

Endorsements \_\_\_\_\_

\_\_\_\_\_

#### Status Information

Are you currently working at a water system?

If yes, which system \_\_\_\_\_

\_\_\_\_\_

<p>Office Use Only:</p> <p>Approved: _____</p> <p>Not Approved: _____</p>
---

#### Verification of Work Experience (Optional)

The supervisor of the plant must fill out the following:  
I verify the applicant shown above is actively working at this water system.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

System Name \_\_\_\_\_

System Address \_\_\_\_\_

# State of Delaware Water Operator Renewal Application

---

## Continuing Education Requirement:

Attach documentation of **completion of continuing education requirements** (20 contact hours with endorsements or 12 contact hours with base level) earned within the two-year period of your certificate.

The documentation can be in the form of training course certificates, transcripts, etc. It **must** contain the following information: Course Title, Instructor, Date of Completion and Contact Hours. The following is only a guideline to the courses accepted:

- Math and Science courses
- Environmentally related courses that are useful for drinking water
- Correspondence courses from California State University in Sacramento, or similar
- Safety / Security courses
- Courses sponsored by WEF, AWWA, DRWA, EPA, DPH that are drinking water related
- In house training, documented with a sign-in sheet listing title, instructor, synopsis of course, date and time
- Job-related computer courses

Note: 10 contact hours = 1 continuing education unit (CEU)

1 course hour = 1 educational contact hour

## Certification Information

The certificate is for a 2-year certification. Before the certificate expires, you will receive this renewal application. If you have a change of address before your certificate expires, please notify the Division of Public Health, Office of Drinking Water.

## Acknowledgement

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions of misrepresentations may result in ineligibility for certification or revocation of any certificate granted. I understand that the enclosed fee is non-refundable. Further, should I have received the certification under false circumstances, I will immediately surrender the certificate to the Division of Public Health, Office of Drinking Water. I also consent to a thorough investigation of my application for the purpose of verification of my qualifications for certification. I waive all claims and agree to indemnify and hold harmless the Division of Public Health, Office of Drinking Water for any action taken pursuant to the rules and standards of the Division of Public Health, Office of Drinking Water with regard to my application and / or my certification except claims based on gross negligence or lack of good faith.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_