



DRINKING WATER OPERATOR LICENSE APPLICATION

Check the license for which you are applying:

- Base-level Water Supply Operator: Requires High School Diploma or equivalent and one year of acceptable operating experience; or three years of acceptable operating experience and successful completion of the base-level license written examination.
Operator-in-Training (OIT): A water treatment OIT who lacks either the education and/or experience requirements for a Base-level License may receive an interim OIT License for a maximum of one year, pending successful completion of the base-level license written examination.
Distribution: A distribution system operator may obtain a Distribution License when they are responsible for oversight of a distribution system and have no responsibilities for operations at the treatment plant.
Reciprocal: To receive reciprocity from another state, the applicant must provide a copy of their current license/certificate and provide a copy of that state's licensing requirements.

1. Name: (last) (first) (middle initial)
2. Home address: City: State: Zip Code:
3. Home phone: Work phone: Cell phone:
4. Email address:
5. Do you have a high school diploma or equivalency certificate (GED)? Yes No
6. Have you previously filed an application for a water operator license with the Division of Public Health? Yes No
7. Have you taken an examination for the water operator license? Yes No
Date exam was taken*: Score:
Name of exam taken*:

*Attach proof of attendance/exam score to this application.

PUBLIC WATER SYSTEM (PWS) CURRENT EMPLOYMENT INFORMATION

1. Name of PWS at which you are employed or expect to be employed: _____
2. Name of employer if different from PWS name: _____
3. PWS ID number: _____ PWS phone number: _____
4. PWS address: _____
5. Position/title: _____
6. Are you currently employed at this PWS? Yes No
7. Employment status: Full-time Part-time Part-time hrs/week: _____
8. Date of hire: _____
9. Specific duties related to water / treatment: _____

10. Treatments:

<p>A. DISINFECTION <input type="checkbox"/></p> <p>Hypochlorination* Gas Chlorination Ozonation (Reserved) (Reserved) Chloramines Chlorine Dioxide UV Light</p>	<p>B. CHEMICAL FEED <input type="checkbox"/></p> <p>Lime-Soda Ash pH Adjustment Inhibitor* Sequestering Permanganate (Reserved) Fluoridation</p>	<p>C. FILTRATION <input type="checkbox"/></p> <p>Activated Carbon* Sand* Reverse Osmosis Greensand Activated Alumina Ion Exchange Cartridge (Reserved) Ultrafiltration Microfiltration</p>
<p>D. SURFACE WATER <input type="checkbox"/></p> <p>Algae control Coagulation Flocculation Rapid Mix Sedimentation Sludge Treatment</p>	<p>E. OTHER TREATMENTS <input type="checkbox"/></p> <p>Aeration* Dechlorination* Distillation (Reserved) Electrodialysis</p>	<p>F. DISTRIBUTION <input type="checkbox"/></p> <p>Flow <500 GPM at 25psi Flow >500 GPM at 25psi</p>
<p>G. Approved Sampler Tester <input type="checkbox"/></p>		

11. Have these treatments been in place the entire time you have worked there?
 Yes No N/A

This Section to be completed by the applicant's current Direct Responsible Charge (DRC)

To the best of my knowledge, I certify that the above information is factual and accurate

Printed name	DRC's signature	Phone number	Date
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PWS PREVIOUS EMPLOYMENT INFORMATION (if applicable)

- 12. Name of employer: _____
- 13. PWS ID number: _____
- 14. PWS address: _____
- 15. PWS phone number: _____
- 16. Position/title: _____
- 17. Dates of employment. From: _____ To: _____
- 18. Previous employment: Full-time Part-time/hrs/week: _____
- 19. Specific duties related to water / treatment: _____
- _____
- 20. Treatments: _____
- _____
- 21. Were these treatments in place the entire time you worked there?
Yes No N/A

Applicants applying for a Reciprocal License need to fill out the information in the area below

Applicants must provide a copy of their current license/certificate and provide a copy of that State's licensing requirements

State in which licensed and current classification	License #
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IMPORTANT

Read carefully before submitting your application:

- Have you answered all the questions? Check to make sure you have completed the application.
- Have you signed and dated the application?
- Has your DRC signed and dated the appropriate employment block?
- Have you provided all necessary documentation?
- Incomplete applications will be returned.
- Submittal cut off date to be reviewed is 14 working days prior to the Advisory Council Board meetings.

Submit this completed form to: Office of Drinking Water
43 South DuPont Highway
Dover, DE 19901
FAX: 302-741-8631

OR Via email to: DHSS_DPH_OpCert@delaware.gov or
Terry.Pinder@delaware.gov

ACKNOWLEDGEMENT (read this section carefully)

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 also understand that by signing below I give the Division of Public Health, Office of Drinking Water the authority to use and report this information and my test results for statistical and demographic purposes only. 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 regarding my application and/or my certification except claims based on gross negligence or lack of good faith.

(Signature of Applicant)

(Date)

OFFICIAL USE ONLY

Approved: Yes No

Reviewed by: _____

Date of review: _____

Initials: _____

Revised 7/2023