



DRINKING WATER OPERATOR LICENSE RENEWAL APPLICATION

General instructions:

- Follow all instructions carefully
- Submit at least 4 weeks prior to your expiration date
- The renewal fee is \$100.00
- Make check payable to:
Division of Public Health
- Online renewal payments can be made here:
<https://www.dhss.delaware.gov/dhss/dph/hsp/odw.html>
(please attach receipt)
- Mail completed application to:
Office of Drinking Water
43 South DuPont Highway
Dover, DE 19901
Attn: Terry Pinder
- OR
Email: Terry.Pinder@delaware.gov

License Information

The license period is two years. It is the responsibility of the licensee to file a renewal application with the Advisory Council. The Advisory Council is not required to notify licensees of expiration dates. Applications for renewal postmarked after the end of the licensing period will be considered late.

Applicant Information

1. Name _____
2. Address _____
3. City/State/Zip code _____
4. Work phone _____ Cell phone _____
5. Email address _____
6. License number _____
7. Which public water system(s) do you currently operate? _____

Continuing Education Requirement:

All licensees must obtain 20 continuing education units (CEU) every two years to be eligible to renew their license. CEUs must be completed prior to the time a license is renewed. Extra CEUs do not carry over to the next licensing period. Licensees will only get CEU credit for their first attendance of approved courses during each licensing period. Licensees may retake an approved course in the same licensing period but will not receive additional CEUs.

Attach documentation of completion of continuing education requirements (20 CEUs with a minimum of 10 CEUs that are of a technical nature, directly related to waterworks operation, treatment, or distribution) earned within the two-year licensing period.

Educational Contact Hours Documentation

All CEUs must be approved by the Advisory Council. The advisory Council regularly meets and approves courses for CEUs. An operator that receives training in a course that was not pre-approved by the Advisory Council may still submit CEUs to the Advisory Council with this application. The Advisory Council will review the course information.

1. Pre-approved courses - The documentation can be in the form of training course certificates, transcripts, or other acceptable course completion documentation. It must contain the following information: course title, instructor, date of completion, and contact hours.
2. Courses or trainings that have not been reviewed by the Advisory Council - Submit the following for each course:
 - a. Course title
 - b. Course description/syllabus (This information should be adequate to allow the council to determine if the course is directly related to waterworks operation, treatment, or distribution.)
 - c. Number of classroom hours
 - d. Course format (online, classroom)
 - e. Instructor name
 - f. Instructor qualifications (in one or two paragraphs)
 - g. Course completion documentation (a certificate is most common)

Note: 1 classroom hour = 1 CEU (continuing education unit)

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 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 (initials and date)

Approved _____

Not Approved _____

Revised 7/2023