



Connecticut Department of Public Health
Drinking Water Section

APPLICATION: CERTIFICATION EXAMINATION – DISTRIBUTION SYSTEM OPERATOR

Examination Date: _____

APPLICANT'S CONTACT INFORMATION			
Last Name	M. Initial	First Name	
Company Name (can be left blank)			
Address Line 1 (St. Address or P.O. Box #)			
Address Line 2 (Apt. #, Suite #, Box # - can be left blank)	City	ST	Zip
Email	Telephone		
Fax	Cell Phone		
Social Security Number*	Date of Birth		

APPLICANT'S STATEMENT OF CERTIFICATION:

I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

Applicant's Printed Name

Applicant's Signature

Date signed

EXAM CLASS REQUESTED

(Check one)

- Distribution System Class I Operator
- Distribution System Class II Operator
- Distribution System Class III Operator

APPLICANT'S CURRENT CT DPH CERTIFICATION STATUS

(Check all that apply)

- not currently certified
- active certification, or inactive certification
 - Water Treatment Plant Operator
 - Distribution System Operator
 - Small Water System Operator
- Backflow Preventer Tester or Tester/Inspector

RE-APPLICATION (Check if applicable)

Check the below Reapplication box if you are applying for an exam that you have previously been approved to take and indicate the prior exam date:

- Re-application Prior exam date _____

DEMONSTRATE COMPLETION OF HIGH SCHOOL EDUCATION

One of the following documents must be submitted with this application to demonstrate that the applicant has completed a high school level of education: **(Check off one of the following this is included with this application)**

- a copy of your high school diploma
- high school or post-high school transcript
- letter from high school verifying graduation
- Other: _____
- high school equivalency diploma (GED)
- post-high school diploma

FOR STATE USE ONLY	
Date Stamp	Substantiated Length of Experience:
	Substantiated Completion of High School Education:
	Written Test Score
	Issued Certification Number:
Envl. Post Mark(PM) Date: ____/____/____	Effective Date:
	Expiration Date:
Attach Envl. If PM is after 9/27/2016	Internal Check Number:

