



Drinking Water Services
Small Water System
Operator Designation Application

All parts of the application must be completed and signed by the owner if there is any change in ownership or the direct responsible charge. This form is to be completed every three years for renewal and within 30 days of any change of ownership or operator. Incomplete, unsigned or undated applications will not be accepted. Instructions start on page (3) three.

Reason for change: check all applicable boxes

- Change in water system name
Change in owner/or authorized agent
Change in Direct Responsible Charge information
Update phone, address, email information
Update contract information

Section A

PWS ID # 41- County

PWS system name:

Check if updating system name. Previous name:

Are you renewing an existing certification? Yes No

If yes, give expiration date:

Section B

Owner: the owner (or authorized agent) is the person or entity that owns or is responsible for the public water system (e.g. mobile home park, private corporation, privately owned subdivision). The (authorized agent) may be the manager of mobile home park, one of the officers of the association, a school district officer or the principal and is the person directly appointed by the owner and must have been given the authority to act and sign all legal documents in the owners behalf. The DRC may not sign for the owner unless DRC is also the owner (or co-owner) of the system.

Owner (authorized agent) (print)

Business Name

Name:

Address:

Title:

City: State:

Business Phone:

Zip:

Contact Phone:

Email:

Signature:

Date:



**Section C**

**Direct Responsible Charge (DRC):** The DRC is the operator employed or contracted by the (owner) to run and oversee daily water distribution and treatment operations. The DRC must have either taken the program approved SWS training or be certified level D1-4 or T1-4,

(Print) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business phone: \_\_\_\_\_ X \_\_\_\_\_ Phone: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Class Training:**  Date of class: \_\_\_\_\_ Location of class: \_\_\_\_\_  Online

**Certified**  in WT or WD; Oregon Cert #: \_\_\_\_\_ Level: \_\_\_\_\_ Contractor\* Yes \_\_\_ No \_ \*Has the most current contract been submitted to the DWS in the past three years? Yes \_\_\_ No \_\_\_

*(A signed contract must be submitted every three years with this application)*

**Section D**

**Additional Operator (print)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business phone: \_\_\_\_\_ X \_\_\_\_\_ Phone: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Class Training:**  Date of class: \_\_\_\_\_ Location of class: \_\_\_\_\_  Online training

**Certified**  in WT or WD: OR. Cert # \_\_\_\_\_ Level: \_\_\_\_\_ Contractor\* Yes \_\_\_ No \_\_\_

**Section E**

Is the **contact information** for the SWS one of the above?

Yes 1. Owner:  2. DRC:

No (Complete information below)

**System Contact: (Alternate)**

Name \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mailing address: Oregon Health Authority  
Drinking Water Services  
PO Box 14450  
Portland OR 97293-0450  
For further information: Website: <http://healthoregon.org/opcert>  
Or call Operator Certification: 971-673-0405

## Instructions

### Section A

**PWS:**

#### ***Name of System***

Print *or type* the name of the system and the system's ID number. You can look up your system ID# by going to (<https://yourwater.oregon.gov/>) click on data online and follow directions.

***New or renew:***

Mark whether this application is for renewal.

***Expiration date:***

Print or type the current or previous expiration date

### Section B

***Name:***

#### ***Owner***

Print or type the name of the owner

***Business:***

Print the place of business

***Title:***

Print the title of the owner, (Manager of MHP, Principal, etc.) .

***Address:***

Print the mailing address

***Phone Number:***

Print the phone number(s)

***Email:***

Print the email address

***Signature and date:***

The owner must sign and date this section B

### Section C

***Name:***

#### ***DRC***

Print *or type* the name of the DRC.

***SS#***

Print the DRC Social Security number (*see page 4*)

***Address:***

Print the mailing address

***Phone Number:***

Print the phone number(s)

***Email:***

Print the email address

***Signature and date:***

The DRC must sign and date this section C

***Training:***

Check this box if you took the SWSTC training, write the date of class and location; or check the box if you took the training online.

***Certified:***

Check this box if you are currently certified in Oregon, as a water distribution or water treatment operator. Include the certification # and level of certification.

### Contract

Check **yes or no** if the current signed contract has been submitted. Is the operator an employee or did you hire out for an operator? If there have been any changes in the system name, owner or operator a new contract must be submitted.

### Section D

***Name:***

#### ***Additional Operators***

Print *or type* the name of the operator

***SS#***

Print the SS# (*see page 4*)

***Email:***

Print the email address

***Address:***

Print the mailing address

***Phone Number:***

Print the phone number

***Signature and date:***

The operator must sign and date this section D

***Training:***

Check the box if you took the SWSO training, write the class date and location or check the box if you took the training online.

***Certified:***

Check the box if you are currently certified in Oregon as a water distribution or water treatment operator, include the certification # and level of Certification.

List additional operators by completing Section D only.

**Section E**

***Contact Information***

Check the correct box for contact information.

Print *or type* the alternate contact information the name of the person who is to be the contact person for the system and mark their affiliation with the system.

***The application must be signed and dated in both sections B and C***

You may mail, fax or remit through email.

**Legal Owner**

The form must be signed by someone with authority to designate the operator on behalf of the system. An operator **cannot designate** themselves as being in direct responsible charge unless they are owners (or co-owners) of the system.

Depending on the type of system, that authority could reside with a number of persons. It could be the actual owner or, in the case of a homeowners association, one of the officers of the association. For a school, it could be a district officer or the principal of the school. For a workplace, it could be the general manager, or an officer of the company.

**Rules:** The operator certification rules can be found starting 333-061-0205

***Social Security Numbers:***

State law requires you to provide your Social Security Number for any certification, license, or registration issued by the State of Oregon. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certification you seek. This record of your Social Security Number will be used for child support enforcement purposes and will not be used as a certification number on any certificate.  
(Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC § 666(a)(13))