

# July 2023 to June 2024 Water System Operator Reimbursement Program System Owner Pre-Approval Form

## System Owner Information:

PWSID:  System Name:

Contact Name:

Mailing Address:

City:  State:  Zip Code:

Phone Number:  Fax Number:

Email:

Check this box if you would like to receive approval through email. Please note that you will not receive a paper copy.

## Operators for Approval:

Name:	Role:		Certified?	
	Primary	Backup	Yes	No
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that information provided in this document is true and complete to the best of my knowledge.

Water System Representative's Signature

Date



Please mail or email to:  
**Alaska Department of Environmental Conservation**  
**Operator Certification Program**  
 P.O. Box 111800  
 Juneau, AK 99811-1800

Email: [dec.opcert@alaska.gov](mailto:dec.opcert@alaska.gov)  
 Phone: (907) 465-1139

