

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

Operator Information

Name:

Mailing Address:

City:

State:

Zip Code:

Work Phone Number:

Email:

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

I currently hold the following active certificates:

Water System Information

For the following water system I am currently the:

Primary Operator

Backup Operator

PWSID:

System Name:

System Representative:

System Representative Phone No.:

System Representative Email:

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

Operator's Signature

Date

Water System Representative's Signature

Date



Please mail or e-mail:

**Alaska Dept. of Environmental Conservation
Operator Training and Certification Program
P.O. Box 11800
Juneau, AK 99811-1800**

Email: dec.opcert@alaska.gov

Questions?

Please call: (907) 465-1139

