

# July 2024 to June 2025 Water System Operator Reimbursement Program System Owner Pre-Approval Form

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## 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.

Check this box if your community is less than 10,000 residents **and** expenses are expected to exceed \$2,000 per operator.

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**Names of Operators for Approval:**

**Role:**

**Certified?**

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

Water System Representative's Signature

Date

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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

