

July 2024 to June 2025 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.

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

Name of Operators for Approval:	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
 Phone: (907) 465-1139

