

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?

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

Water System Representative's Signature



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

