

July 2024 to June 2025
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.
Check this box if your community is less than 10,000 residents **and** your expenses are expected to exceed \$2,000.

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

