



| Approved<br>for/Date | Date Received |
|----------------------|---------------|
|                      |               |

## Restricted Operator Certification

### State Water Resources Control Board

### Drinking Water Operator Certification Program

The Restricted Operator Certification is reserved for applicants who are employed by a water supplier serving a disadvantaged community recognized by the State of California.

**Please fill out application completely**

#### 1. Certification Grade and Fees (DO NOT SEND CASH)

Circle the certification(s) you are applying for:

| D1                         | T1                         | D2                         | T2                         |
|----------------------------|----------------------------|----------------------------|----------------------------|
| \$149 (Certificate + Exam) | \$149 (Certificate + Exam) | \$181 (Certificate + Exam) | \$181 (Certificate + Exam) |

#### 2. Personal Information

|                                     |       |                         |        |                          |                      |          |
|-------------------------------------|-------|-------------------------|--------|--------------------------|----------------------|----------|
| Last                                | First | MI                      | Suffix | Date of Birth (mm/dd/yr) | Last 4-digits of SSN |          |
| MAILING ADDRESS (number and street) |       |                         |        | CITY                     | STATE                | ZIP CODE |
| WORK TELEPHONE NO.                  |       | HOME/CELL TELEPHONE NO. |        | E-MAIL ADDRESS           |                      |          |

#### 3. Education (attach copies of diplomas/certificates of completion, if applicable)

|                                                                                   |                   |                 |           |
|-----------------------------------------------------------------------------------|-------------------|-----------------|-----------|
| Graduate High School?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | High School Name: | Year Graduated: | Location: |
| GED? Yes <input type="checkbox"/> No <input type="checkbox"/>                     | Attach Copy       |                 |           |

#### SPECIALIZED TRAINING: Grades D2/T2 ONLY

##### D2 Requirement

- One 36-hour OR 3.6-continuing-education-unit (CEU) OR 3-college-semester-unit course in water supply principles

##### T2 Requirement

- One 36-hour OR 3.6-continuing-education-unit (CEU) OR 3-college-semester-unit course covering the fundamentals of drinking water treatment.

#### 4. Water System Information

|                       |                           |                                 |                                |
|-----------------------|---------------------------|---------------------------------|--------------------------------|
| Water System Number:  | Water System Agency/Name: | Contact Phone Number:           | Email:                         |
| Water System Address: | System Classification:    | DDW District Engineer's Name: * | DDW District Engineer's Email: |

\*The State Water Board's Division of Drinking Water (DDW) District Engineer must verify the applicant has passed a performance test specific to the system the applicant will operate. (Cal. Code of Regs., tit. 22, § 63825(a)(4).)

#### 5. Attachments

- ☐ Copies of citation(s) or order(s) issued by DDW to the water supplier for noncompliance
- ☐ Proof of education to meet examination requirements

The restricted operator certificate shall be valid for three years. The certificate may be renewed if the water supplier continues to serve a disadvantaged community and submits a new restricted operator application and the restricted operator has met the applicable continuing education requirements.

**The restricted operator certificate is not transferable**

#### 6. Signature of Applicant

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted and the imposition of administrative civil liability, pursuant to sections 106877 and 106878 of the Health and Safety Code.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Pay fees online here: [https://www.waterboards.ca.gov/make\\_a\\_payment/](https://www.waterboards.ca.gov/make_a_payment/)

Applications may be emailed to [dwopcertprogram@waterboards.ca.gov](mailto:dwopcertprogram@waterboards.ca.gov)

**OR** mail completed application, fee (check/money order), and required attachments to:

**State Water Resources Control Board Drinking  
Water Operator Certification Program  
P. O. Box 944212  
Sacramento, CA 94244-2120**