

On Company Letterhead  
Signed and Dated

Date:

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

RE: Drinking Water Certification for (Name of Operator) (Treatment or Distribution)

Grade Level: \_\_\_\_\_

Operator has been employed with the system since (DATE) to (End Date or presently employed). During his/her employment he/she has held the following positions:

**(Please complete the following for EACH position held at the system)**

**Position/Title:** \_\_\_\_\_

**Timeframe at each position (mm/yy to mm/yy - required);** Please notate present if currently working in this position.

**Specific duties performed:** Please do not refer to the official duty statement. The specific duties performed are required.

- 1) Number of hours at each position** performing distribution duties, treatment duties and wastewater duties. If there are no duties performed in an area (distribution, treatment, or wastewater) please state zero time. Example:

*Employee performs 20 hours per week of distribution duties, 20 hours per week of treatment duties, and no hours of wastewater experience.*

- 2) Chief or Shift Operator** based on regulation sections §63765/63770

- 3) System Information:** Provide Water System name(s) #(s) and classification of the system(s)

As the undersigned supervisor of the above referenced operator, I hereby certify that all facts and statements set forth are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as per the Health & Safety Code section 106877.

*Signed*

Title

Contact Info (Please include email address and direct telephone number)

Attachments:

**Official job description** for each position held

**Current organization Chart** with names and titles of supervisor and employee

**Classification letter** or permit classifying system