

Drinking Water and Groundwater Protection Division

**Renewal Application
Public Water System Operator Certification for Class 2, 3, 4 and D**

Due Date: Class 3 and D – May 31, 2019
Class 2 and 4 – May 31, 2020

For Division Use Only:	
Check # _____	Approved _____
Check Amount _____	

Please note: Applications will be accepted beginning January 1 of the respective renewal year. Submit the application well *before* the due date in case the application is determined to be incomplete and returned for resubmittal.

Instructions

1. Please *type or neatly print* each response. Incomplete forms will not be processed.
2. Include the application fee of \$80. We do not accept cash or credit cards. Checks, postal money order, or express money orders should be made payable to the "State of Vermont." Please do not combine this fee with other payments to the state.
3. Use the Division's website, <https://anrweb.vt.gov/DEC/DWGWP/>, to check completed training contact hours (TCHs), application status, and more pertaining to your certification renewal.

Questions:

Please refer to the Vermont Water Supply Rule, Subchapter 21-12.10 for information relative to Class 2, 3, 4 and D operators and specific requirements for certification for each class before completing this application. This rule can be found on our website at <https://dec.vermont.gov/water>.

General Information

Name (First, MI, Last)	Operator ID #
Renewal Application for Class _____ (2, 3, 4, or D)	
<i>Address at which you would like to receive correspondence from the Division</i>	
Address (Line 1)	
Address (Line 2)	
City	
State	ZIP
Country (if not USA)	International Postal Code
Email Address	
Primary Phone #	Extension
Emergency Phone/Pager #	

Training Information

Attach copies of documents for classes attended since the beginning of the last renewal period that are **not currently on file** with the Division. These include certificates, diplomas, or other proof of having completed a course.

Number of TCHs from attached course certificates (if applicable): _____ TCHs

Number of TCHs currently on file with Division: _____ TCHs

Total Number of TCHs earned for current renewal period: _____ TCHs (Please Sign Statement of Applicant Below)

Water System Designations

List in the table below **all** Public Water Systems at which you are currently an operator (use additional sheets if necessary). Please note that in order to be officially associated with a public water system, an operator must be listed on the Water System Officials Contact Form on file with the Division.

System Name	WSID Number	Town

Applicant’s Statement Regarding Child Support and Vermont Taxes

Title 15 Section 795 requires that this form must be completed by anyone applying as an individual for water system operator certification. Water System Operator Certification *may not be issued or renewed* unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all **child support** payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. Section 795).

By law (32 VSA §3113) no agency of the State may renew a license or other authority to conduct a trade or business (including license to practice a profession) unless the licensee first certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due, if the liability for any tax that may be due is on appeal, if the tax payer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship.

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000.00 fine or both.

STATEMENT OF APPLICANT

I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all **child support** due the State of Vermont as of the date of this application. I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all **taxes** due the State of Vermont as of the date of this application.

I further certify that all information contained in this application is true and accurate to the best of my knowledge, including the operator training contact hours (TCHs) reported herein.

Signature	Date
Print Name Here	

Prior to submitting this form, please complete the following checklist:

- Is the form filled out completely and correctly?
- Have you listed all water systems at which you are currently an operator? If necessary, please include an updated Water System Officials Contact Form available at: <https://dec.vermont.gov/water/dwgwpd-forms>
- Have you signed and dated the Statement of Applicant above?
- Have you included a check or money order in the amount of \$80 payable to State of Vermont?
- Do you have sufficient TCHs for this renewal period? To verify TCHs, please visit our website at: <https://anrweb.vt.gov/DEC/DWGWP>

This application and related environmental information are available electronically at: www.dec.vermont.gov/water
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