



# Waterworks Operator Information Form

For Office Use Only
Certification Number: _____ <hr/> <input type="checkbox"/> New Operator <input type="checkbox"/> Reciprocity <input type="checkbox"/> Upgrade Exam <input type="checkbox"/> Reactivation  Effective Date: _____ _____

The following information will be used in the preparation of certificates and establishing your certification record.

**Please PRINT all of the information.**

<b>NAME (Last, First, Middle)</b>		
<b>SIGNATURE</b>		
<b>HOME MAILING ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>AREA CODE AND TELEPHONE NUMBER</b> (     )	<b>COUNTY</b>	<b>SOCIAL SECURITY NUMBER</b> (Mandatory to provide)
<b>EMAIL ADDRESS</b>		

Check here if this is an address change.

Comments: \_\_\_\_\_

**Job Information**

Check here if this is an employer change.

<b>JOB TITLE</b>		
<b>EMPLOYER</b>	<b>WFI ID#</b>	
<b>EMPLOYER'S MAILING ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>AREA CODE AND EMPLOYER'S TELEPHONE NUMBER</b> (     )		

**PLEASE MAKE SURE YOU COMPLETE THIS FORM AND SUBMIT WITH YOUR COMPLETED APPLICATION.**

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

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*DOH Form 331-399-F (Rev. 06/09)*