

Water Supply Division

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

Check # _____ Approved ___
Check Amount _____

Instructions

1. Please *type or neatly print*. Answer all of the questions. Incomplete forms will not be processed.
2. Include the application fee with this application, if applicable.
 - a. Through June 30, 2009 the fee is \$70. Please contact the Division for the fee structure beyond June 30, 2009. The Class 2, 3, 4 and D can be found on the website at www.vermontdrinkingwater.org. 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.
 - b. No fees are required for any Public Community or Non-transient Non-community Public Water System Operator who operates a water system serving a population of 3300 or fewer persons. From January 1, 2002 through December 31, 2008, these fees are paid under the EPA water operator expense reimbursement grant.
3. Please refer to the Vermont Water Supply Rule, Subchapter 21-12 for information relative to Class 2, 3, 4 and D operators and specific requirements for certification for each class before completing this application.
4. Please visit our website, www.vermontdrinkingwater.org, for other applications and to view the Vermont Water Supply Rule. To obtain a copy of any of these documents, please call us at the number below
5. Attach copies of any of the following documents for those classes not listed on your renewal letter certificates, diplomas, etc, that you received for these courses or other proof of having completed the course, seminar, or workshop.

General Information

Name (First MI Last) 9	Operator ID #
Please fill out address update information if it has changed	
Job Title	
Email	
Phone	Extension
FAX	Emergency Phone (Pager, Cell, or other)
Address (Line 1)	
Address (Line 2)	
City	
State	ZIP
Country (if not USA)	International Postal Code

Water System Designations

Please list the Public Water Systems that you are designated as an operator for. Please note, that in order to be officially designated, we must have a Water System Officials Contact Form on file from the Public Water System.

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.

Signature	Date [REDACTED]
Print Name Here [REDACTED]	Social Security # [REDACTED]

Honorable Jim Douglas, Governor George Crombie, ANR Secretary Jeffrey Wennberg, DEC Commissioner

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

Water Supply Division
103 South Main Street
Waterbury, VT 05671-0403
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-241-3284