



OPERATOR CERTIFICATION UPDATE FORM

Name Operator Number OP0 SSN (Last Four Digits Only)

Mailing Address

City State ZIP Home Phone

Work Phone E-mail

Select if you want added as the Operator or Designated Operator or Removed from the system using the drop down tool.

PWS-Public Water System WWS-Wastewater System

1. SYSTEM NAME: PWS/WWS Number:

Start Date:

2. SYSTEM NAME: PWS/WWS Number:

Start Date:

3. SYSTEM NAME: PWS/WWS Number:

Start Date:

4. SYSTEM NAME: PWS/WWS Number:

Start Date:

5. SYSTEM NAME: PWS/WWS Number:

Start Date:

6. SYSTEM NAME: PWS/WWS Number:

Start Date:

7. SYSTEM NAME: PWS/WWS Number:

Start Date:

I hereby certify that the information above is correct. I understand that any falsification on this form may subject my certificate(s) to denial, suspension, probation and/or revocation. (R18-5-109)

Yes, I accept

You can mail or fax the completed form to: Arizona Department of Environmental Quality, Operator Certification Program, 1110 W. Washington St., Mail Code 5720B, Phoenix, AZ 85007, Fax: (602) 771-4634, Email: azopcert@azdeq.gov