



Operator Number: OP0_____

SAFE WATER OPERATOR CERTIFICATION SYSTEM UPDATE

NAME: _____
First M.I. Last Suffix (Jr., III)

ADDRESS: _____
Street City State ZIP + 4

HOME PHONE: () WORK PHONE: () E-MAIL: _____

Last 4 digits of S.S.N.: _____

1. SYSTEM NAME: _____ PWS Number: _____

2. SYSTEM NAME: _____ PWS Number: _____

3. SYSTEM NAME: _____ PWS Number: _____

4. SYSTEM NAME: _____ PWS Number: _____

5. SYSTEM NAME: _____ PWS Number: _____

6. SYSTEM NAME: _____ PWS Number: _____

7. SYSTEM NAME: _____ PWS Number: _____

I certify that this information is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Make a copy of this form for your records. If you have questions regarding this form, contact us at (602) 771-4638. Fax the form to (602)771-4634 or e-mail to wpr@azdeq.gov