APPLICATION

Drinking Water and Groundwater Protection

APPLICATION FOR CLASS 1A/1B VERMONT WATER SYSTEM OPERATOR *INITIAL AND RENEWAL*

For Transient Non-Community Public Groundwater Systems Only

INSTRUCTIONS

- 1. Please TYPE OR NEATLY PRINT each response. Incomplete forms will not be processed.
- 2. Include the application fee of \$45.
- 3. Sign and date the Statement of Applicant on Page 2.
- 4. FOR CLASS 1B RENEWALS: Attach documentation for earned credit hours not listed in your renewal letter.
- 5. Return the form and payment to the Drinking Water and Groundwater Protection Division (Division).

GENERAL INFORMATION		
Name (First, MI, Last Name):		
Operator ID # (FOR RENEWALS ONLY):		
Address (Line 1):		
Address (Line 2):		
City:	State:	ZIP Code:
Primary Phone:	Extension:	
Emergency Phone/Pager:	Extension:	
Email Address:		
for detailed water system classification guidelines and operat Class 1A (TNC water systems with no treatment, ion exchange contactors) Class 1B (TNC water systems with chlorine or UV disinfection)	nge for softening, cartridge filte	ers, and/or limestone
EDUCATION REQUIREMENT		
All applicants must have a minimum of a High School Educati	on or Equivalent (GED).	
School Name:		
City, State or Country:		
Highest Level of Education Completed:		
APPLICATION FEE Pour the \$45 application for Cosh and gradit gards are not ass	control Charles montal manages	

Pay the \$45 application fee. Cash and credit cards are not accepted. Checks, postal money order, or express money orders must be made payable to the State of Vermont. Do not combine this fee with other payments to the State.

Check #:	Check Amount:

WATER SYSTEM DESIGNATIONS

List all of the Vermont public water systems for which you are or will be the operator (attach additional sheets if necessary). Please note: 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

Review and Sign the Statement of Applicant on Page 2 >

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APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND VERMONT TAXES

Title 15 Section 795 of the Vermont Statutes requires that this form be completed by anyone applying as an individual for a water system operator certification. Water System Operator Certification <u>may not be issued or renewed</u> 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 V.S.A. Section 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 or 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 fine, or both.

Print Name:

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 to 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 to 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.

Signa	ture:
Prior t	o submitting this form, please verify the following:
	Is the form filled out completely and correctly?
	Have you identified the class of certification for which you're applying?
	Have you listed all water systems for which you are or will be the operator?
	FOR CLASS 1B RENEWALS ONLY: Have you attached course completion documentation for earned credit hours?
	Have you signed and dated the Statement of Applicant?
	Have you included a check or money order in the amount of \$45 made payable to the State of Vermont?

Date:

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

Return this form to:

Drinking Water and Groundwater Protection Division 1 National Life Drive, Main Building 2 Montpelier, VT 05620-3521

> Phone: 1-802-828-1535 Fax: 1-802-828-1541

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