

**TEMPORARY CERTIFICATION APPLICATION**

If the operator in responsible charge of the system is not fully certified, a temporary certification can be requested by the system owner\*. If approved by the Department of Environmental Quality, the temporary certification will be valid for up to one year from the date of issuance. Please note that the system owner must complete this form.

System Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

PWS#: \_\_\_\_\_ AND/OR MPDES#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

System Type: Community Water Supply      Non-transient Non-community Water Supply  
Public Sewage System      Permitted Wastewater System

**THIS SECTION MUST BE FILLED OUT TO APPLY FOR A TEMPORARY CERTIFICATION:**

*This system is unable to hire a fully certified operator because (attach separate sheet if additional space is needed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temporary certification is requested for the following staff member who has NOT passed the appropriate certification examination (a completed application and fees must be enclosed):

Operator Name: \_\_\_\_\_

Position Title \_\_\_\_\_ System Classification \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary certification is requested for the following staff member who holds an Operator-In-Training certification:

Operator Name: \_\_\_\_\_

Position Title \_\_\_\_\_ System Classification \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of System Owner\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If incorporated community, mayor must sign. If incorporated district, HOA or WUA, president must sign. By signing this document the owner verifies that the above named person is capable of acting as the operator in charge of this system.**