

Form EW-104 (June 2013)
 Fax to: (304) 558-4322 or mail to:
 C&T Program
 350 Capitol Street Room 313
 Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only
Date Received: ____/____/____
Staff Lead: _____
<input type="checkbox"/> Not a complete submission & returned

Personnel Status Report

*To be completed annually as of July 1st and submitted to C&T by July 15th every year.
 Can also be used to document any certified operator employment status changes.*

**Print legibly and fill out completely. Incomplete applications will not be processed.
 Use NA if not applicable.**

Is this a water or wastewater system? PWSID/Permit#: _____

Public System Name: _____

Public System Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Public System Owner Name: _____ Phone: _____

Chief Operator Name: _____ Phone: _____

List all certified operators currently employed or contracted by the above public system:

Attach additional pages if needed.

Operator Name	Certification Number	Classification(s) Held	Start Date (mm/dd/yy)

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR04 *Public Water Systems Operators*, 64CSR05 *Wastewater Systems and Operators*.

Signature: _____ Date: _____