

# WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY

## Operator Designation Form

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**Please select one:**

- Designation of operator (if not designated before, new hire, etc.)  
 Change of designation (chief to backup, backup to chief, water to wastewater, etc.)  
 Un-designate an operator (fired, quit, retired, passed away, etc.)

**Date above change occurred:** \_\_\_\_\_

**Facility Information:**

Facility Name: \_\_\_\_\_ EPA PWS Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Is this operator a contract operator?**    yes    no

**Operator Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Designation:**

**Check all that apply and indicate if they are the chief operator.** *A person who is not designated as a chief operator is considered a backup operator.*

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Water Treatment Plant            | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Wastewater Treatment Plant       | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Distribution System and/or Wells | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Collection System (sewer)        | <input type="checkbox"/> Chief |

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**Signature of Authorized Individual (i.e., Mayor, owner, Public Works director):** I certify that I am the owner or designated representative of the owner legally responsible for the system. I accept responsibility for ensuring that the operator designated by this form meets the criteria set forth in Wyoming Department of Environmental Quality rules and regulations, Chapter 5, Section 3, and that I will return the appropriate verification that contract operator duties were performed.

Authorized Individual Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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Please print form and email to: [opcet@wyo.gov](mailto:opcet@wyo.gov) If unable to submit by e-mail: **Fax to:** 307-777-6779

**Mail to:** Operator Certification - Water Quality Division

122 West 25th Street, Herschler Building 4W Cheyenne, WY 82002