



Certified Operator Contact Information Update Form

PURPOSE: This form is to be used by CT DPH Certified Operators to change / update their contact information (i.e. address, phone, fax, cell, e-mail, name change).

INSTRUCTION: Fill out this form and return it to the address below to make any contact information changes. Certified Operators must maintain 1 main public/contact mailing address with the CT DPH. **You must print clearly** – any form that cannot be read will be returned or may result in information / documentation not being delivered to you.

Maintaining your contact information will ensure that you receive your certificate renewal application.

For name changes you must submit with this form legal documentation of name change.

Write/Type in CT DPH Certification number(s):

	<u>List Certification #</u>		<u>List Certification #</u>
Treatment Plant Operator	DWPO. _____	Backflow Prevention	DWBT. _____
Distribution System Operator	DWDO. _____	Device Tester	
Small Water System Operator	DWSO. _____	Cross Connection	DWCI. _____
		Survey Inspector	

OPERATOR CONTACT INFORMATION		
<u>First Name</u>	<u>M. Initial</u>	<u>Last Name</u>
<u>Company Name (can be left blank)</u>		
<u>Address Line 1 (St. Address or P.O. Box #)</u>		
<u>Address Line 2 (Apt. #, Suite #, Box # - can be left blank)</u>		
<u>Zip Code</u>		<u>Telephone</u>
<u>Town</u>		<u>Fax</u>
<u>State</u>		<u>Cell</u>
		<u>Email</u>

Attestation Signature

I attest that the information provided above is truthful and complete.

Signature: _____ Date: _____

This completed form must be returned to: dph.opcontact@ct.gov

or mail to: CT DPH, Drinking Water Section
410 Capitol Avenue, MS#51WAT
P.O. Box 340308
Hartford, Connecticut 06134-0308



Phone: (860) 509-8000 • Fax: (860) 509-7184

www.ct.gov/dph

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