

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](http://www.wvdhhr.org/oehs/eed/swap/training&certification)

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

**Personnel Status Report**

*To be completed annually as of July 1<sup>st</sup> and submitted to C&T by July 15<sup>th</sup> 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: \_\_\_\_\_