

**Public Water System (PWS)  
Employment Status Changes**

Due within 10 days

**Print or Type ALL Responses**

PWS Name: \_\_\_\_\_ PWSID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certified Operators**

**Attach Additional Pages if Needed**

Name	Certification Level & Number	Home Address	Home Phone	Hours Worked per Week	Job Duties Assigned	Reason for Change

**Chief Operator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

COMPLETE AND RETURN TO:  
Office of Environmental Health Services  
Certification & Training  
350 Capitol Street  
Charleston, West Virginia 25301-3713  
Phone 304-558-6988  
Fax 304-558-4322  
[www.wvdhhr.org/oehs/eed/swap/  
training&certification](http://www.wvdhhr.org/oehs/eed/swap/training&certification)

Date Stamp:

OFFICE USE ONLY

Date Processed: \_\_\_\_\_

Initial: \_\_\_\_\_