

[Printed on Company Letterhead]

**(Date)**

State Water Resources Control Board  
Office of Operator Certification  
Drinking Water Operator Certification Program  
P.O. Box 944212  
Sacramento, CA 94244-2120

RE: Drinking Water Certification for **(Name of Operator), (Treatment or Distribution)**  
Grade Level: \_\_\_\_\_

Operator has been employed with the system since **(Start Date)** to **(End Date or Presently Employed)**. During his/her employment, he/she has held the following positions: [Please complete an entry for EACH position held at the system.]

1. **Position/Title**
2. **Time period in each position:** MM/YY – MM/YY or present
3. **Specific duties performed:** Please do not refer to the official duty statement. List specific duties performed.
4. **Number of hours in each position performing distribution duties, treatment duties, and wastewater duties:** If there are no duties performed in an area (distribution, treatment, or wastewater), please state, "zero time."  
Example: *Employee performs 20 hours per week of distribution duties, 20 hours per week of treatment duties, and no hours of wastewater duties.*
5. **Chief or Shift Operator:** Based on Drinking Water Regulations Sections §63765/63770.
6. **System Information:** Water system name(s), water system number(s), and system classification(s)

As the undersigned supervisor of the above referenced operator, I hereby certify that all facts and statements set forth are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as per the Health and Safety Code Section 106877.

Signed,

[Supervisor Signature]

**(Title)**

**(Contact Information - Email and direct telephone number)**

Attachments:

**Official job description** for each position held

**Current organizational chart** with names and titles of supervisor and employee

**Classification letter** or permit classifying system