



# Iowa Operator Certification Application Drinking Water Grade A

Iowa Department of Natural Resources 502 East Ninth St. Des Moines IA 50319  
 Exam Information: Phone # 515 / 725-0463 Fax #: 515 / 725-8202  
 E-mail: Elizabeth.Feilmeier@dnr.iowa.gov

**Type or Print Legibly**

**Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

**Home Address:** \_\_\_\_\_ (Street Number and Name) \_\_\_\_\_ (PO Box Number)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Phone:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

**Email:** \_\_\_\_\_ (Cell)

**Social Security Number required:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Important: If Social Security Number is not given, application will be returned unprocessed

**Do you have a high school diploma or GED? (Circle appropriate response.)** YES NO

**I represent the following Small Public Water Supply:** \_\_\_\_\_

**Date of Initial Grade A Training:** \_\_\_\_\_

**Facility PWSID#** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

- Please complete and mail form to the following address:
- Iowa DNR  
 Operator Certification  
 502 East Ninth St.  
 Des Moines, IA 50319-0034

I hereby certify that this application contains no willful misrepresentations of falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of:

**Iowa Department of Natural Resources**

\_\_\_\_\_  
**Signature in Ink** \_\_\_\_\_ **Date** \_\_\_\_\_