



APPLICATION FOR SMALL WATER SYSTEM OPERATORS EXPENSE REIMBURSEMENT GRANT



Please type or print legibly in ink.

1 Personal Information

Name (last, first, middle initial)		Date of Birth	
Mailing Address (number, street)		City	State / ZIP code
Work Phone Number () EXT	Home Phone Number (optional) ()	E-mail address	
Are you currently certified by the State of California as a water distribution operator ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Number	Grade / Issue Date
Are you currently certified by the State of California as a potable water treatment operator ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Number	Grade / Issue Date

2 Position Related Employment

Do you currently work for a community or non-transient non-community water system that services a population of 3,300 or less? Yes No

Water System Facility	System ID Number (if unknown, leave blank)		
Facility Address	City	State	ZIP Code
Facility E-mail Address	Facility Phone Number ()		

Do you currently work for more than one (1) water system? (If yes, please list all additional systems below)—Attach an additional sheet if necessary Yes No

Water System Facility	System ID Number (if unknown, leave blank)		
Facility Address	City	State	ZIP Code
Facility E-mail Address	Facility Phone Number ()		

Water System Facility	System ID Number (if unknown, leave blank)		
Facility Address	City	State	ZIP Code
Facility E-mail Address	Facility Phone Number ()		

3 Additional Information

4 Signature of Applicant

I the undersigned certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in my ineligibility for reimbursement under the Small Water Systems Operators Expense Reimbursement Grant.

Signature of applicant _____ Date _____

All information required on the application must be provided by the applicant and is subject to disclosure under the requirements of the California Public Records Act. For more information or access to your records, please contact CPS at 1-866-867-3594.