



Communities, Land and Environment

Application for Operator Certification
Small Public Drinking Water Facility
Pursuant to subsection 5(1) of the Environmental Protection Act
Drinking Water and Wastewater Facility Operating Regulations

Personal information on this form is collected under subsection 5(1) of the Environmental Protection Act Drinking Water and Wastewater Facility Operating Regulations as it relates directly to and is necessary for operator certification.

Name: _____

Facility: _____

Position Title: _____

Facility Address: _____

Community: _____ Postal Code: _____

Facility Phone Number: _____ Fax Number: _____

Emergency Contact Number: _____ Cell Number (optional) : _____

Have you taken the Small System Operator Training Course? [] Yes [] No

If yes, Date Taken: _____ Location of Course: _____

If you would like to receive correspondence from the Department through email or an address other than the facility address, please provide below.

Email (if applicable): _____

Alternate Address: _____

Community: _____ Postal Code: _____

RELEVANT OPERATING EXPERIENCE

Facility Name: _____

From: ___/___/___ To: ___/___/___
month / year month / year

Duties: _____

Applicant Signature: _____ Date: _____

The application fee of \$50 must accompany the application

Make cheques payable to:
Minister of Finance.

Application mailing address:

Department of Communities, Land and Environment
PO Box 2000
Charlottetown, PE C1A 7N8 Fax: 902-368-5830