# CONTRACT OPERATOR REGISTRY

***(Please Print Clearly)***

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

***Phone Number:** _____ - _____ **E-mail address:** _____

**Water Certificate Number:** _____ **Wastewater Certificate Number:** _____

**Water Certification Level:** _____ **Wastewater Certification Level:** _____

****Telephone number where you can be contacted regarding contract operations.***

I would like to be included in the contract operator registry. I would be willing to be listed as providing operations for:

G Drinking Water Check One or

G Wastewater Both

_____ _____

Signature Date

**Return to:**
**Teresa Schuyler**
**KDHE - Bureau of Water**
**Technical Services Section**
**1000 SW Jackson Street, Suite 420**
**Topeka, KS 66612-1367**