



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:

- | | | |
|--------------------------|----------------|----------------------|
| <input type="checkbox"/> | Drinking Water | Check One or
Both |
| <input type="checkbox"/> | Wastewater | |

Signature

Date

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