



SURVEY ON OPERATOR CERTIFICATION PROGRAMS FOR RENEWALS

On a scale from 1 to 5, (5 being the best, 1 being the worst) please rate the following services:

California Nevada Section, AWWA (Please circle your answer)

	Best				Worst
How difficult was the renewal process?	5	4	3	2	1
How quickly were you notified about your renewal?	5	4	3	2	1
Was the additional information with the renewal helpful?	5	4	3	2	1
How helpful was staff when you needed assistance?	5	4	3	2	1
How would you rate your overall experience?	5	4	3	2	1

Comments/Suggestions/Questions _____

California Department of Health Services (Please circle your answer)

	Best				Worst
How difficult was the renewal process?	5	4	3	2	1
How quickly were you notified about your renewal?	5	4	3	2	1
Was the additional information with the renewal helpful?	5	4	3	2	1
How helpful was staff when you needed assistance?	5	4	3	2	1
How would you rate your overall experience?	5	4	3	2	1

Comments/Suggestions/Questions _____

Nevada Bureau of Health Protection Services (Please circle your answer)

	Best				Worst
How difficult was the renewal process?	5	4	3	2	1
How quickly were you notified about your renewal?	5	4	3	2	1
Was the additional information with the renewal helpful?	5	4	3	2	1
How helpful was staff when you needed assistance?	5	4	3	2	1
How would you rate your overall experience?	5	4	3	2	1

Comments/Suggestions/Questions _____

Optional:

Current Certification level _____ City _____ State _____

Please fax this form to 909-481-4688 or mail to: CA-NV-AWWA Section office, Attn: Certification, 10574 Acacia Street Ste D6, Rancho Cucamonga, CA 91730.

Please feel free to share this Survey with your utility so that other operators can respond. Thank you for your participation!