



**State Water Resources Control Board  
RENEWAL APPLICATION**

**FOR WASTEWATER TREATMENT OPERATOR CERTIFICATE**

Fees. Check the appropriate box and submit your renewal fee with this form.

Renewal		Dual Renewal*	
	\$150		\$110
	Grades I, II, III, IV and V		Grades I, II, III, IV and V

\*Dual-Renewal fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate from California.

**It is your responsibility to apply for a renewal of your certificate on time.** Make your check or money order payable to: "State Water Resources Control Board." If paid by online payment write the reference code number: \_\_\_\_\_

**Mailing Address:**

State Water Resources Control Board  
Wastewater Operator Certification  
PO Box 944212  
Sacramento, CA 94244-2120

**Overnight Mailing Address:**

State Water Resources Control Board  
Wastewater Operator Certification  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Print your name as it appears on your wastewater treatment plant operator certificate.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check box if your address has changed.**

Certificate Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four #'s of your Social Security Number \_\_\_\_\_

Telephone: Cell/Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Check box to receive public notices from the Wastewater Operator Certification Program.**

<b>OFFICE USE ONLY</b>
\$ _____ Check, Money Order, ACH/CC Payment

**Check all that apply: Are you currently or have you ever been a California certified Drinking Water Treatment or Distribution operator?**

Treatment: Grade level \_\_\_\_\_ Certificate#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Distribution: Grade level \_\_\_\_\_ Certificate#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If currently employed as an operator at a wastewater treatment plant complete the following information:

Certification or Title: \_\_\_\_\_

Wastewater Treatment Plant/Employers Name: \_\_\_\_\_

Plant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Telephone #: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

If working at a Wastewater Treatment Plant: List your Chief Plant Operator's (CPO)

Name: \_\_\_\_\_ CPO's Title: \_\_\_\_\_

CPO's Telephone Number: (\_\_\_\_) \_\_\_\_\_

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Do not use this renewal form if your certificate has expired. If your certificate has been expired for less than one year, please complete a reinstatement application. If your certificate has been expired for more than one year, you must re-take an exam and apply for a new certificate. Direct any questions concerning this application to (916) 341-5819 or [wwopcertprogram@waterboards.ca.gov](mailto:wwopcertprogram@waterboards.ca.gov).

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this renewal application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for renewal. I acknowledge that renewal fees are non-refundable.

Print Name: \_\_\_\_\_

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Sign in BLUE ink.)

# INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR RENEWAL APPLICATION

## RENEWAL GRADES AND FEES

Check the box if you are renewing your Wastewater Certificate. Check the Dual-Renewal Box if you hold a current and valid Drinking Water Treatment or Drinking Water Distribution Certificate. If you are a Dual-Operator check if you are Treatment and/or Distribution Certified and write your operator number and expiration date.

Check the box of the grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to:

“State Water Resources Control Board.” WWOCP can accept electronic payments as Automated Clearing House (ACH) debit payments from checking/savings accounts to pay for application fees. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

## APPLICANT INFORMATION

Provide all of the requested information. Please notify the Wastewater Operator Certification Program (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your certification application. Note if you are also a Drinking Water Treatment and/or a Drinking Water Distribution Certificate holder.

## CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE

If currently employed at a Wastewater Treatment Plant, provide the requested information for each wastewater treatment plant at which you currently work. Attach additional sheets if you currently work at more than one wastewater treatment plant. If you are not currently employed at a Wastewater Treatment Plant, please write on the ‘Classification or Title’ line that you are not currently employed at a wastewater treatment facility.

## SIGNATURE OF APPLICANT

The application submitted to the WWOCP **MUST** include your **ORIGINAL** signature and date in blue ink. Please make a copy of your complete application for your files. Mail the original completed application package and application fee to:

### Mailing Address

Wastewater Operator Certification  
State Water Resources Control Board  
P.O. Box 944212  
Sacramento, CA 94244-2120

### Overnight Mailing Address

State Water Resources Control Board  
Wastewater Operator Certification  
1001 “I” Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Direct any questions concerning this application to: (916) 341-5819 or to [wwopcertprogram@waterboards.ca.gov](mailto:wwopcertprogram@waterboards.ca.gov).