



SWRCB – Division of Financial Assistance-Wastewater Operator Certification Program

# **Online Payments**

Credit Cards or Debit Cards <u>WILL NOT</u> be accepted

Only Completed Applications will be processed; those that include payment and a completed application with original signatures.

USER GUIDE For Wastewater Operators

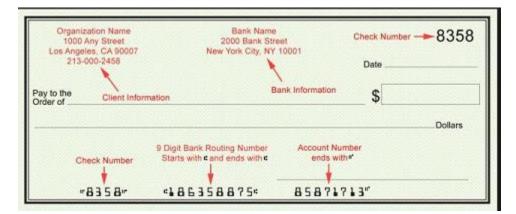
Updated as of 07/18/2016

### **Table of Contents**

Items required or payment	2
Link to the Wastewater Operator Certification (WWOCP) website	;
Step One: Complete the Online Payment Form4	ŀ
Complete the Contact Information4	ŀ
Complete the Application Type Section4	
Write the date the Application was mailed5	
Click on the lower left hand box to continue5	
Send the Completed Online Payment Form by email	;
Step Two: Click on the Link to the California State Agency EFT Menu6	5
Click on the Link to the California State Agency EFT Menu6	,
Click on Application Fees6	
Enter the Operator Certification Application Number6	5
Enter the amount of the payment	5
Enter the Payee's Contact Information	7
Enter in the Bank Account Information	7
Print this Page for your Records and Document the Reference Number8	3
After Payment Instructions	3

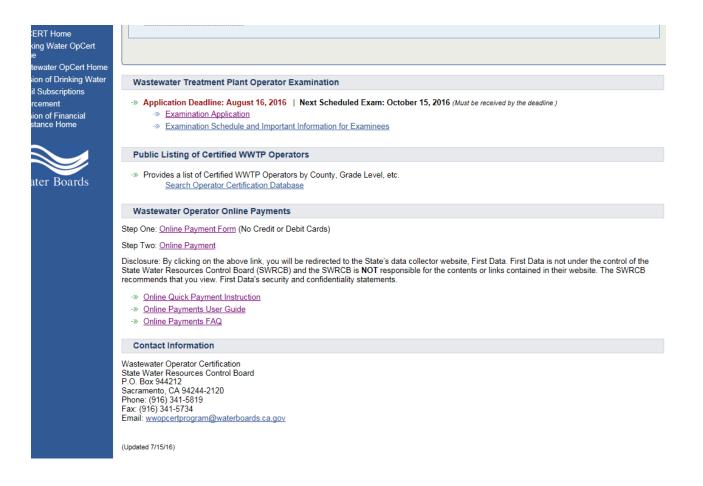
### **Items Required For Online Payment**

- Bank routing number and checking and/or savings account numbers.
- Completed Online Payment Form.
- Application (In order for an application to be complete the WWOCP must receive payment and a mailed completed application including original signatures).



### The Wastewater Operator Certification Program (WWOCP) website

## Link to the WWOCP homepage: <a href="http://www.waterboards.ca.gov/water\_issues/programs/operator\_certification/operator\_certification/operator\_certification.shtml">http://www.waterboards.ca.gov/water\_issues/programs/operator\_certification/operator\_certification/operator\_certification/operator\_certification.shtml</a>.



<u>Step One: Complete the Online Payment Form and email it to</u> wwopcertprogram@waterboards.ca.gov.

Click on 'Wastewater Operator Online Payments', 'Step One Online Form'

			EDMUND G. BROWN JR.
Water Boards			MATTHEW RODRIQUEZ SECRETARY FOR ENVIRONMENTAL PROTECTION
State Water Resourc	es Control Board		
WAS	(This form is for W	CERTIFICATION PROGRAM (\ <mark>/astewater Operators only)</mark> PAYMENT FORM	WWOCP)
Application Number: <u>O A</u>		r is OA plus the first four letters of last name and the la: IROW6789, Last names with less than 4 letters, use 0	
Name: Last:	First:	Middle:	Date_of_Birth:
Mailing Address:			_Apt. #:
City:	County:	State:	Zip:
Telephone: Cell: ()		Telephone: Home: ()	
E-Mail Address:		If Applicable: Certificate Grade	: & Number:
Payment Information: Amount:	Date of scheduled payment: _	www.	

- Complete the Contact Information for the applicant.
- If the applicant has an issued certificate number, complete the Certificate Grade and Number section.
- Complete the Payment Information with the amount of the payment and the date of payment.

	Application Type: (check which application) Certification Contract Operator Credentials Contract Operator (Initial & Renewal Applications Examinations Exam Waiver (formally known as Reciprocity) Exemption of Class I WWTP Operator-In-Training (OIT) OIT Renewals Provisional Operator Renewals Using Credits on File	Grade Level: (check which grade level) Grade I \$170 Grade II \$230 Grade II \$300 Grade IV \$340 Grade V \$340 \$50 X =
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• Complete the Application type by selecting the type of application that is being submitted and select with the corresponding grade level.

Applicants must submit/mail the original application to:

Date Application was sent in the mail: \_

Mailing Address:

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

• Write down the date the application was sent in the mail.

To Continue: Please click here

Credit or Debit Cards WILL NOT be accepted

(Rev 6/15)

• Click on the bottom left hand side, 'To continue'.

elect Enial Client	
Please indicate the option w mail.	which best describes how you send
🔿 Desktop Email Applicati	ion
Choose this option if you as Microsoft Outlook, Eu	a currently use an email application such dora, or Mail.
🙊 İnternet Email	
such as Yahoo or Micros your form and return it n	u currently use an Internet email service off Hotmail. You will then need to save nanually to enboards.ca.gov using your Internet email
Don't show again	
	OK Cancel

- Applicants who use Outlook, or Eudora providers can automatically send in the Payment Information Form to the WWOCP website.
- Applicants who use Gmail, Yahoo, or Hotmail providers will need save the form and then forward it manually to <u>wwopcertprogram@waterboards.ca.gov</u>.

#### Step Two: Making a Payment

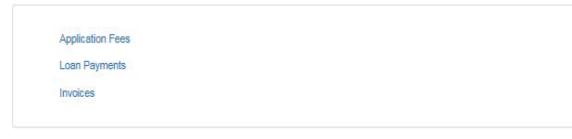
#### https://www.govone.com/PAYCAL/SWRCB/Account/SubAgencies

- Click on the above Link to the California State Agency Online Payment, 'EFT' Menu
- Click on <u>– Application Fees</u>

First Data.

#### California State Agency EFT Menu

Please select a link below to access a payment site.



- Enter the Operator Certification Application Number as:
  - a. "OA" followed by the issued operator certificate number.
  - b. For operators without a certificate number, enter the initials OA followed by the first four alpha characters of the operator's last name, the last four digits of the operators Social Security Number. For example, if the non-certified operator's last name is Jones and the last four numbers of his SSN is 9999 then his SWRCB Application Number is OAJONE9999. Use 0 as space holders for last names with less than 4 letters.
- Enter the amount of the payment.
- Enter the date the charge will be paid from the payee's checking or savings account.

Payment Info Contact Info I	Payment Method Confirm Paym	nent Payment Complete			
Payment Type : Application Fees					
SWRC Application Number	Invoice A	Amount Of	ther Amount	Total Amount	Debit Date (MM/DD/YYYY)
	\$	0.00 \$	0.00 \$	0.00	04/12/2016
+ Add Row					
Cancel Continue					

- Enter the Payee's contact information, email and click Continue.
- If the payee is not representing a business, write in the Contact Name as the Employers Business Name. This field must be completed in order to move to the next step.

irst Data.	Access the SWRCB websi	te Return to the California EFT Sys	tem Menu One Time Payment FA
ontact Information	mation and click Continue.		
Payment Info	Contact Info Paymen	t Method Confirm Payment Pay	ment Complete
Business Name:	Peter	& Son Grading	
Contact Name:	Tom	Peter	
Address:	101 V	Vildflower Drive	
City:	Sacra	amento	
State/Province:	CA		
Zip/Postal Code:	9581	4	
Country:	UNIT	ED STATES	
Daytime Phone Numb	er: 9163	240126	
Email Address:	peter	andson@grad.net	
	Help?		
Re-type Email Addres	s: peter	andson@grad.net	

- Enter in the Bank Account Type, Routing Number, and Account Number.
- Mark the box to authorize payment and click continue.

Payment Info Contact Info P	Payment Method Confirm Payment Payment Complete
Fon ::122105278:: 5724301 Routing Number Account Nur	
Account Holder Name:	Tom Peter
Account Type:	Checking
Account Number:	0001111233
Re-Enter Account Number:	0001111233
Routing Number:	321175281
Back Cancel Continue	

Print this page for your records.

First Data.	Access the SWF	RCB website Retu	rn to the California EF	T System Menu	One Time Payment	FAQ		
Payment Acknowle	edgement							
Please take note of the con	firmation number or prin	t this page for your records	i.					
Date: 4/11/2016 Time: 9:45	:38 AM 📑 Print f	this page						
Payment Info	Contact Info	Payment Method	Confirm Payment	Payment Comple	te			
Payment Type :	Application Fees							
SWRC Applicatio	n Number	Invoice Amount	Other	Amount	Total Amount		Debit Date	Confirmation number
CAPETE0411		S	250.00	\$0.00		\$250.00	04/12/2016	1473

### Step Three: After Payment

- Write the Payment Reference number provided to you on the top left corner of the application.
- Mail the application to:

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

Contact us if you have questions at: (916) 341-5619, select option 7 or email us at <u>wwopcertprogram@waterboards.ca.gov</u>.