OFFICE USE ONLY

☐ Check $ _____

☐ Money Order $ _____

☐ ACH$ _____

GAVIN NEWSOM
GOVERNOR

YANA GARCIA
SECRETARY FOR
ENVIRONMENTAL PROTECTION

WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE
REPLACEMENT OF LOST, STOLEN, DAMAGED, OR DESTROYED CERTIFICATES

(All wastewater operators must place their certificate in a publically viewable area at each wastewater treatment plant they are working at. If an operator works at multiple wastewater treatment plants he/she can request a duplicate certificates by completing the duplicate certificate form.)

FEE

$50

Grades I, II, III, IV & V
(Fees are non-refundable)

Submit your Replacement fee with this form. Make check or money order payable to: "State Water Resources Control Board." To make an online payment from your checking/savings accounts follow the payment instructions on the Wastewater Operator Certification's webpage (https://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml) and locate the Online Payments Section.

If paid by ACH/Online check, write the reference code# _____

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

Name: Last: _____ First: _____ Middle: _____ D.O.B: _____

Mailing Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

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

Telephone: Cell: (___) _____ Telephone: Home: (_____) _____

E-Mail Address: _____ Certificate Grade: _____ Certificate Number: _____

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

Check all that apply: Are you currently or have you even been a California certified Drinking Water:

☐ Treatment Operator: Grade level: _____ Certificate#: _____ Exp: _____

☐ Distribution Operator: Grade level: _____ Certificate#: _____ Exp: _____

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

Overnight Mailing Address: **State Water Resources Control Board**
Wastewater Operator Certification
1001 I Street, 17 th Floor
Sacramento, CA 95814

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

Print Name: _____ **Original Signature:*** _____ **Date:** _____

*PLEASE SIGN IN BLUE INK.

(Rev 12/23