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EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

REINSTATEMENT APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE

(This is only for applicants whose certificate has been expired for less than one year. If it has been more than one year, you will need to submit a new certification application. Please note that you may need to retake the wastewater exam as exam results expire after four years.)

Check the appropriate box below and submit fees payable to "State Water Resources Control Board".

Fees	<input type="checkbox"/>	\$270 Grade	(Renewal I \$170 + Reinstatement)
	<input type="checkbox"/>	\$330 Grade	(Renewal II \$230 + Reinstatement)
	<input type="checkbox"/>	\$400 Grade	(Renewal III \$300 + Reinstatement)
	<input type="checkbox"/>	\$440 Grade	(Renewal IV \$340 + Reinstatement)
	<input type="checkbox"/>	\$440 Grade	(Renewal V \$340 + Reinstatement)

(Fees are non-refundable.)

If paid by ACH/online check, write the Reference code# _____

To make an online payment from your checking/savings accounts follow the payment instructions on the Wastewater Operator Certification's webpage (http://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml) and locate the Online Payments Section.

Certificate Grade: _____ Certificate Number: _____ Date Certificate Expired: _____

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

Last: _____ First: _____ Middle: _____

Mailing Address: _____ Apt. #: _____ City: _____

County: _____ State: _____ Zip: _____

Check box if your address has changed.

Telephone: Cell (____) _____ Telephone: Home (____) _____

Email Address: _____

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

Treatment: Grade level: _____ Certificate#: _____ Exp: _____ Distribution: Grade level: _____ Certificate#: _____ Exp: _____

PRIOR ACTIONS

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

Yes No If Yes, EXPLAIN: _____

SIGNATURE OF APPLICANT (*PLEASE SIGN IN BLUE INK).

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this reinstatement application are true and correct to the best of my knowledge and belief and that I have not been employed as an operator at a wastewater treatment plant since my operator certificate expired. 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 reinstatement. I acknowledge that reinstatement fees are non-refundable.

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

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

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, 17th Floor
Sacramento, CA 95814