

APPLICATION FOR WASTEWATER TREATMENT PLANT  
OPERATOR CERTIFICATE RENEWAL

Name (First, Middle Initial, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Your Certificate Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Your Current Classification or Title: \_\_\_\_\_

Name of Plant Where Employed: \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Supervisor's Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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

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

NOTICE REGARDING INFORMATIONAL MATERIALS

The Office of Operator Certification receives requests from employers seeking certified operators for vacant positions and organizations that provide professional training courses. If you so choose, we will place your name, address and certificate grade level on our web site and on our printed mailing lists. If you wish to be included, please initial in the box above. By doing so, you are authorizing the Office of Operator Certification to release your name, certificate grade level and address.

Mark the appropriate box below and submit your renewal fee with this form **before the expiration date shown on your certificate.** (\*) Make check or money order payable to State Water Resources Control Board.

- |               |                          |       |           |
|---------------|--------------------------|-------|-----------|
| RENEWAL FEES: | <input type="checkbox"/> | \$95  | GRADE I   |
|               | <input type="checkbox"/> | \$130 | GRADE II  |
|               | <input type="checkbox"/> | \$170 | GRADE III |
|               | <input type="checkbox"/> | \$190 | GRADE IV  |
|               | <input type="checkbox"/> | \$190 | GRADE V   |

(\*) **You must include a \$50 Reinstatement fee in addition to the renewal fee if your certificate has expired. You must also certify by signing below that you have not been employed in the operation of a wastewater treatment plant after the date your certificate expired.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date