



State Water Resources Control Board



DRINKING WATER OPERATOR CERTIFICATION PROGRAM (DWOPC)
(This form is for Drinking Water Operators ONLY – Treatment and Distribution)
ONLINE PAYMENT FORM

Part A	Application Number: <u>ZA</u> _ _ _ _ _	Application number is ZA plus the first four letters of the operator's last name and the last four digits of the social security number (For example, ZAJONE9999). For last names with less than 4 letters, use zeros as placeholders.
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Part B	Name: Last:	First:	Middle:
	Mailing Address:	Apt #:	
	City:	County:	State: Zip:
	Telephone: Cell: ()	Telephone: Home: ()	
	E-Mail Address:	Date of Birth:	
	If Applicable: Operator Number:	Grade:	Please check: Treatment Distribution

Part C	Checkmark which application or form this payment is to be applied	Checkmark which grade this payment is to be applied. For renewals paid late, a first or second late fee will be added.
	<input type="checkbox"/> Examination	<input type="checkbox"/> Grade 1 \$50 <input type="checkbox"/> Grade 2 \$65 <input type="checkbox"/> Grade 3 \$100 <input type="checkbox"/> Grade 4 \$130 <input type="checkbox"/> Grade 5 \$155
	<input type="checkbox"/> Re-Examination (same grade)	<input type="checkbox"/> Grade 1 \$30 <input type="checkbox"/> Grade 2 \$45 <input type="checkbox"/> Grade 3 \$70 <input type="checkbox"/> Grade 4 \$95 <input type="checkbox"/> Grade 5 \$120
	<input type="checkbox"/> Certification (initial certification)	<input type="checkbox"/> Grade 1 \$70 <input type="checkbox"/> Grade 2 \$80 <input type="checkbox"/> Grade 3 \$120 <input type="checkbox"/> Grade 4 \$140 <input type="checkbox"/> Grade 5 \$140
	<input type="checkbox"/> Certification (dual certification discount)	<input type="checkbox"/> Grade 1 \$55 <input type="checkbox"/> Grade 2 \$60 <input type="checkbox"/> Grade 3 \$90 <input type="checkbox"/> Grade 4 \$105 <input type="checkbox"/> Grade 5 \$105
	<input type="checkbox"/> Renewal	<input type="checkbox"/> Grade 1 \$70 <input type="checkbox"/> Grade 2 \$80 <input type="checkbox"/> Grade 3 \$120 <input type="checkbox"/> Grade 4 \$140 <input type="checkbox"/> Grade 5 \$140
	<input type="checkbox"/> Renewal (dual certification discount)	<input type="checkbox"/> Grade 1 \$55 <input type="checkbox"/> Grade 2 \$60 <input type="checkbox"/> Grade 3 \$90 <input type="checkbox"/> Grade 4 \$105 <input type="checkbox"/> Grade 5 \$105
	<input type="checkbox"/> Renewal Late Fee - First	<input type="checkbox"/> Late fee of \$50 is added if renewal payment has a Posted Date after the due date
	<input type="checkbox"/> Renewal Late Fee - Second	<input type="checkbox"/> A second late fee of \$50 is added if renewal payment has a Posted Date less than 45 days prior to the expiration date. (Please refer to your renewal form for exact date)
	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Grade 1 \$70 <input type="checkbox"/> Grade 2 \$80 <input type="checkbox"/> Grade 3 \$120
	<input type="checkbox"/> Replacement Certificate	<input type="checkbox"/> \$25

Part D	Amount of Payment:	Date of Scheduled Payment:	Confirmation Number:
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Application and Renewal Forms can be found at:

http://www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.shtml

Disclaimer:

Only **completed** applications will be processed. Completed applications will include payment **and** a completed application with original signatures. If you have any questions please either email: DWOpCertProgram@waterboards.ca.gov or call (916) 449-5618.

When submitting the signed, completed application, you must write “Paid Online” and the payment confirmation number at the top of your application or form. Applicant must then mail the application or renewal form, with operator's original signature to:

MAILING ADDRESS
 State Water Resources Control Board
 Drinking Water Operator Certification Program
 PO Box 944212
 Sacramento, CA 94244-2120

PHYSICAL ADDRESS/OVERNIGHT MAIL
 State Water Resources Control Board
 Drinking Water Operator Certification Program
 1001 "I" Street, 17th Floor
 Sacramento, CA 95814

Date Application was mailed: _____