



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

**State Water Resources Control Board**

**ADDRESS / NAME CHANGE FORM**

Operator's Name (first, middle initial, last): \_\_\_\_\_

Water Distribution Operator Number: \_\_\_\_\_

Water Treatment Operator Number: \_\_\_\_\_

**OLD MAILING ADDRESS:**

Mailing Address (number, street):		City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:		
Email Address:				

**NEW MAILING ADDRESS:**

Mailing Address (number, street):		City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:		
Email Address:				

**NAME CHANGE:**

To request a name change, a copy of the legal document (marriage license, naturalization papers, etc.) changing the name must be submitted with this form.

Former Name (First, Middle, Last):
New Name (First, Middle, Last):

*I am hereby requesting a change of address and/or name and certify that the above information is correct.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fully complete this form, sign and date it. You may send the form to us by mail, email or fax.**

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

**Email**  
 DWOpCertProgram@waterboards.ca.gov

**Fax**  
 (916) 449-5654