



OFFICE USE ONLY	
<input type="checkbox"/>	Check \$ _____
<input type="checkbox"/>	Money Order \$ _____
<input type="checkbox"/>	ACH\$ _____

**DRINKING WATER DISTRIBUTION/TREATMENT CERTIFICATE REPLACEMENT  
OF LOST, STOLEN, OR DESTROYED CERTIFICATES**

**FEE**

**\$25**

Grades 1, 2, 3, 4, or 5  
(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 Drinking Water Operator Certification's webpage [https://www.waterboards.ca.gov/drinking\\_water/certlic/occupations/DWopcert.html](https://www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.html) and locate the Online Payments Section.

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

**Print your name as it appears on your Distribution or Treatment 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: \_\_\_\_\_

**Mailing Address:**

**State Water Resources Control Board  
Drinking Water Operator Certification  
P.O. Box 944212 Sacramento, CA  
94244-2120**

**Overnight Mailing Address:**

**State Water Resources Control Board  
Drinking Water Operator Certification  
1001 I Street, 17th Floor  
Sacramento, CA 95814**

*Direct any questions concerning this application to (916) 449-5611 or [dwopcertprogram@waterboards.ca.gov](mailto:dwopcertprogram@waterboards.ca.gov)*

Print Name: \_\_\_\_\_ Original Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN **BLUE** INK.