

State Water Resources Control Board

CHANGE OF CONTACT INFORMATION

Mail, fax, or scan and email the completed form to:
 State Water Resources Control Board
 Wastewater Operator Certification
 PO Box 944212
 1001 I Street, 17th Floor
 Sacramento, CA 94244-2120
 Fax Number: (916) 341-5734
 email: wwopcertprogram@waterboards.ca.gov

YOUR SIGNATURE IS REQUIRED ON THIS FORM

Please print your name as it appears on your certificate. If you are requesting a name change or correction on your certificate, please check the "name change/correction" box below and attach appropriate legal documentation.

Name Change/Correction (attach documentation)

The Wastewater Operator Certification Program will mail all correspondence, including renewal notices and official correspondence, to the new address of record listed below.

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO. ENTER LAST FOUR DIGITS XXX – XX –		
HOME/ CELL TELEPHONE	WORK TELEPHONE		CERTIFICATE GRADE & NO.		
NEW EMAIL ADDRESS		OLD EMAIL ADDRESS			
NEW ADDRESS OF RECORD	CITY	COUNTY	STATE	ZIP	
OLD ADDRESS OF RECORD	CITY	COUNTY	STATE	ZIP	

ADDITIONAL INFORMATION:

OPERATOR SIGNATURE: _____ DATE: _____

PLEASE SIGN IN **BLUE** INK.

Rev. 1/2020