



OFFICE USE ONLY	
<input type="checkbox"/>	Check \$ _____
<input type="checkbox"/>	Money Order \$ _____
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## State Water Resources Control Board

### CONTRACT OPERATOR REGISTRATION APPLICATION FOR WASTEWATER TREATMENT PLANTS

<b>I. THIS IS AN APPLICATION FOR:</b>		<input type="checkbox"/> <b>Initial Registration</b>	<input type="checkbox"/> <b>Annual Renewal of Registration</b>
<b>II. FEES</b>			
Initial Registration Fee .....	\$350	Annual Renewal Registration Fee .....	\$350
Number of Operator Employees ___ x \$75	= _____	Number of Operator Employees ___ x \$75	= _____
Total (Maximum Combined Fee is \$1,500)	= _____	Total (Maximum Combined Fee is \$1,500)	= _____
		<input type="checkbox"/> Late Fee (see instructions) .....	\$100
		Total (Combined Fee plus Late Fee) .....	= _____

#### III. CONTRACT OPERATOR INFORMATION: *(Please type or print clearly)*

Business Name: \_\_\_\_\_ Contract Operator Number (if for a renewal): \_\_\_\_\_

Owner Name (if applicable): Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Telephone: Business: (\_\_\_\_\_) \_\_\_\_\_

Telephone: Cell: (\_\_\_\_\_) \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Check box to receive public notices from the Wastewater Operator Certification Program.

#### IV. CONTRACT WASTEWATER TREATMENT PLANT INFORMATION:

*Please complete a separate page for each wastewater treatment plant under contract.*

Name of Wastewater Treatment Plant under Contract: \_\_\_\_\_

Name of Chief Plant Operator: \_\_\_\_\_

Wastewater Treatment Plant Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(County) (State) (Zip Code)

Wastewater Treatment Plant Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Chief Plant Operator Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Duration of Contract: \_\_\_\_\_ To: \_\_\_\_\_  
(Effective date) (Expiration date)

Regional Water Quality Control Board: \_\_\_\_\_

Owner Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Owner Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

**V. NAMES AND GRADE LEVELS OF ALL WASTEWATER TREATMENT PLANT OPERATORS EMPLOYED IN THE OPERATION OF THIS PLANT.**

NAMES OF OPERATORS/OITs			California Wastewater Operator/OIT Certification Grade Level
(Last)	(First)	(Middle)	

**VI. PRIOR ACTIONS (This section to be completed by Initial Contract Operator Registrants only):**

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

Yes  No

If YES, Explain:

**VII. SIGNATURE OF OWNER OR PRINCIPAL OF FIRM**

I, the undersigned, certify that all statements made, and information contained in this application, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in ineligibility for contract operator registration or revocation of any contract operator registration granted. I have read and understand that I must comply with the reporting requirements for contract operators set forth in section 3719.10 of chapter 26 of division 3 of title 23 California Code of Regulations. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment records and other qualifications for registration as a contract operator. I acknowledge that contract operator registration fees are non-refundable.

\_\_\_\_\_  
 (Print or type name)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature) – Please sign in **BLUE** ink

\_\_\_\_\_  
 (Title)

**INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT  
CONTRACT OPERATOR  
CERTIFICATE OF REGISTRATION**

Who must register? All persons or entities that enter into a contract to operate a wastewater treatment plant must be registered by the State Water Resources Control Board as a contract operator. Please read the following instructions and information before completing the application forms.

**I. APPLICATION FOR INITIAL CERTIFICATE AND ANNUAL RENEWAL OF REGISTRATION**

Check the box for either Initial Registration or Annual Renewal of Registration.

**II. CONTRACT OPERATOR CERTIFICATE OF REGISTRATION FEES**

The Initial Registration Fee is \$350 for the original certificate of registration, plus \$75 for each operator and operator-in-training (OIT) listed on the Roster of Operator Employees (Section V). Pay the combined fees up to a maximum of \$1,500.

The Annual Renewal of Registration Fee is \$350 plus \$75 for each operator and OIT listed on the Roster of Operator Employees (Section V). Pay the combined fees up to a maximum of \$1,500.

If you fail to submit a complete application for renewal received at least thirty (30) days before the expiration date of the certificate of registration, you must pay a late fee of \$100.

WWOCP can now accept online payments from checking/savings accounts to pay for application fees. Instructions are available on the Wastewater Operator Certification Home page ([http://www.waterboards.ca.gov/water\\_issues/programs/operator\\_certification/operator\\_certification.shtml](http://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml)) at the bottom of the page locate the Online Payments section. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

**III. CONTRACT OPERATOR INFORMATION**

Provide all of the requested information. Please notify the Wastewater Operator Certification Program (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your registration application.

**IV. CONTRACT WASTEWATER TREATMENT PLANT INFORMATION:**

Provide all of the requested information for each wastewater treatment plant for which you have a contract to operate. Please notify the WWOCP immediately if any of the provided information changes. Attach additional sheets if necessary.

In addition to your contract operator registration, you will be issued a contract operator credential for each wastewater treatment that you operate. Please note that registered contract operators must submit an application for an additional contract operator credential within 30 days of entering into a contract to operate a wastewater treatment plant not listed on the contract operator registration application.

**V. NAMES AND GRADE LEVELS OF ALL WASTEWATER TREATMENT PLANT OPERATORS EMPLOYED IN THE OPERATION OF THIS PLANT.**

List the names of each of the wastewater treatment plant operators you will assign to the wastewater treatment plant(s) listed in Section IV. The roster should contain full time, part time, and seasonal employees. List the California Wastewater Treatment Plant Operator certification number or Operator-in-Training grade for each employee. All employees must have a valid California operator certificate. Attach additional sheets if necessary.

**VI. PRIOR ACTIONS**

Check the box answering whether a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, has ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you.

If the answer is yes, you must provide an explanation. Attach additional sheets if necessary.

**VII. SIGNATURE OF OWNER OR PRINCIPAL OF FIRM**

The application submitted to the WWOCP **MUST** include your **ORIGINAL** signature and date in **blue ink**. Please make a copy of your complete application for your files. Mail the original completed application package and fee to:

**Mailing Address:**  
State Water Resources Control Board  
Wastewater Operator Certification Program  
P.O. Box 944212  
Sacramento, CA 94244-2120

**Overnight Mailing - Address:**  
State Water Resources Control Board Wastewater  
Operator Certification Program 1001 I Street,  
17<sup>th</sup> Floor  
Sacramento, CA 95814

If you have any questions contact the Office of Operator Certification at (916) 341-5909 or [wwopcertprogram@waterboards.ca.gov](mailto:wwopcertprogram@waterboards.ca.gov).

The fax number for the Wastewater Operator Certification Program is (916) 341-5734.

If your contract operator registration or one of your contract operator credentials have been lost, stolen, damaged, or destroyed you may request a replacement by submitting the replacement fee along with a signed, written statement explaining the circumstances of the loss, theft damage, or destruction of the registration or credential.