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Check\$ _____
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Electronic? _____



**State Water Resources Control Board**

**APPLICATION FOR ADDITIONAL CONTRACT OPERATOR CREDENTIAL**

<b>I. FEE - \$50 Per Additional Contract Operator Credential</b>	<b>Number of Additional Credentials Requested x _____ \$50</b>
Additional credentials are required when Contract Operators enter into new agreements with a wastewater treatment plants after they have submitted their annual registration.	<b>Total Amount Remitted = _____</b>

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

Contract Operator Registration Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

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

Contact Telephone: Business: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_

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

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

**III. CONTRACT WASTEWATER TREATMENT PLANT INFORMATION: (Please type or print clearly)**

Please fill out one 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)



**V. 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 revocation of my contract operator registration. 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 an additional contract operator credential. I acknowledge that the fee for an additional contract operator credential is non-refundable.

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Print or type name

Date

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Signature – Please sign in **BLUE** ink

Title

## INSTRUCTIONS FOR ADDITIONAL CONTRACT OPERATOR CREDENTIAL

Who must register? All persons or entities that enter into a contract to operate a wastewater treatment plant under a promissory agreement must be registered by the State Water Resources Control Board as a contract operator. Additional credentials are required when Contract Operators enter into a new agreement with a wastewater treatment plant after they have submitted their annual registration.

Please read the following instructions and information before completing the application form.

### I. FEE

The fee for issuing an Additional Contract Operator Credential is \$50 per credential.

### II. 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.

### III. CONTRACT WASTEWATER TREATMENT PLANT INFORMATION

Provide all of the requested information for each wastewater treatment plant for which you are requesting an additional contract operator credential. Please notify the WWOCP immediately if any of the provided information changes. Attach additional sheets if necessary.

### IV. 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 III. 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 current and valid California operator certificate. Attach additional sheets if necessary.

### V. 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  
P.O. Box 944212  
Sacramento, CA 94244-2120

**Overnight Mailing Address:**

State Water Resources Control Board  
Wastewater Operator Certification  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

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,

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