



GAVIN NEWSOM
GOVERNOR



YANA GARCIA
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

EXAMINATION WAIVER APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION

EXAMINATION WAIVER FEE - \$182 (in addition to Certification Fee)
(Fees are non-refundable)

If paid electronically, write the reference/confirmation code# _____

I. APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle: _____

Mailing Address: _____ Apt. #: _____ City: _____

County: _____ State: _____ Zip: _____

Telephone: Cell/Home: (____) _____ Date of Birth: _____

Last four digits of your Social Security Number: _____

Email Address: _____

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

Employer Name: _____

Employer Address: _____ City: _____ Zip: _____

Employer Telephone: (____) _____ Extension: _____

II. VALID, UNEXPIRED CERTIFICATES OR REGISTRATIONS:

Provide each valid, unexpired wastewater operator certificate or registration that you hold. (Attach additional sheets if necessary.) You must attach a copy of each certificate or registration.

Certifying Body: _____

Grade: _____ Certificate or Registration No.: _____ Expiration Date: _____

☐ Check box, if you have passed a written wastewater operator examination administered by the certifying body?

Certifying Body Address: _____ City: _____ Zip: _____

Certifying Body Telephone: (____) _____ ext. _____

Certifying Body Email Address: _____

OFFICE USE ONLY

\$_____ Check, Money Order, ACH/CC Payment

III. SIGNATURE OF APPLICANT

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this certification application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for examination waiver. I acknowledge that examination waiver fees are non-refundable.

Print Name: _____ Original Signature: * _____ Date: _____
*PLEASE SIGN 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
PO Box 944212
Sacramento, CA 94244-2120

Overnight Mailing Address

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

**APPLICANTS FOR AN EXAMINATION WAIVER MUST SUBMIT BOTH AN EXAMINATION
WAIVER APPLICATION AND AN OPERATOR CERTIFICATION APPLICATION**

Rev 07/25

INSTRUCTIONS EXAMINATION WAIVER APPLICATION

FEES

Attach a check or money order for the appropriate fee made payable to: "State Water Resources Control Board." WWOCP can accept electronic payments as Automated Clearing House (ACH) debit payments from checking/savings accounts to pay for application fees. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

I. APPLICANT 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 Examination Waiver application.

Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide the last four digits of your social security number. Failure to provide the requested information will result in denial of the Examination Waiver application. The last four digits of the social security number will be used by the State solely for the purpose of identifying the certificate holder. Applicants have the right to inspect records containing personal information maintained by the State Water Board.

II. VALID, UNEXPIRED CERTIFICATES OR REGISTRATIONS

Provide information of each valid, unexpired wastewater operator certificate(s) and or registrations that you hold. Include a photocopy of each certificate and or registration along with this application.

A certifying body can be a state or a tribal government that certifies or registers any person performing wastewater duties at a wastewater facility. The Indian tribe must provide a signed resolution from the governing body signifying that the responsibility of certification of their operators has been relinquished to the certifying body.

III. SIGNATURE OF APPLICANT

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 to:

Mailing Address

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

Overnight Mailing Address

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

Direct any questions concerning this application to: (916) 341-5819 or to wwopcertprogram@waterboards.ca.gov.