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GAVIN NEWSOM
GOVERNOR



JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

EXAMINATION WAIVER APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

EXAMINATION WAIVER FEE - \$100 (in addition to Certification Fee)
(Fees are non-refundable)

I. APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle: _____

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

County: _____ State: _____ Zip: _____

Telephone: Cell: (_____) _____ Last four digits of your Social Security Number: _____

Telephone: Home: (_____) _____ Date of Birth: _____

Email Address: _____

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

Employer Name: _____

Employer Address: _____ City: _____ Zip: _____

Employer Telephone: (_____) _____ ext. _____

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: _____

Have you passed a written operator examination administered by the certifying body? Yes No

Certifying Body Address: _____ City: _____ Zip: _____

Certifying Body Telephone: (_____) _____ ext. _____

Certifying Body Email Address: _____

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
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

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