



State Water Resources Control Board

PERMISSION TO RELEASE CONTACT INFORMATION

The Wastewater Operator Certification Program (WWOCP) provides a mailing list of the names, addresses, and grades of certified operators that have authorized the WWOCP to release their personal information to owners of wastewater treatment plants for recruitment purposes. Please sign and submit this form to the WWOCP if you want to be included on the mailing list. By signing this form, you are authorizing the WWOCP to release your name, certificate grade level, email address, and mailing address. Please mail the completed form to the address below.

Failure to complete and sign this form will prevent the WWOCP from forwarding your personal contact information to owners of wastewater treatment plants seeking applicants for job openings.

Please type or print legibly.

Form with fields for LAST, FIRST, MI, HOME ADDRESS AND APT. NUMBER, CITY, STATE, ZIP, CONTACT TELEPHONE NUMBER IN ORDER TO VERIFY INFORMATION, CERTIFICATE GRADE AND NUMBER, SIGNATURE, and DATE.

Please mail the signed, Permission to Release Contact Information form to:

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