



OFFICE USE ONLY

Check \$ \_\_\_\_\_

Money Order \$ \_\_\_\_\_

ACH\$ \_\_\_\_\_

Dual?  Yes  No



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

**State Water Resources Control Board**

**RENEWAL APPLICATION  
FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE**

**Renewal**  
\$150  
Grades I, II, III, IV & V

Fees  
Check the appropriate box

**Dual-Renewal \***  
\$110  
Grades I, II, III, IV & V

\*Dual-Renewal fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate.

Check the appropriate box above and submit your renewal fee with this form. **It is your responsibility to apply for a renewal of your certificate on time.** (\*) Make check or money order payable to: "State Water Resources Control Board." If paid by ACH/Online check, write the reference code# \_\_\_\_\_.

**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 th Floor  
Sacramento, CA 95814

Print your name as it appears on your wastewater treatment plant operator certificate.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

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

**Check box if your address has changed.**

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

E-Mail Address: \_\_\_\_\_ Certificate Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

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

Check all that apply: Are you currently or have you ever been a California certified Drinking Water Operator:

Treatment: Grade level: \_\_\_\_\_ Certificate#: \_\_\_\_\_ Exp: \_\_\_\_\_  Distribution#: Grade level: \_\_\_\_\_ Certificate#: \_\_\_\_\_ Exp: \_\_\_\_\_

**If currently employed as an operator at a wastewater treatment plant complete the following information:**

Classification or Title: \_\_\_\_\_

Name of Wastewater Treatment Plant/Employers Name: \_\_\_\_\_

Plant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Telephone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

If a Wastewater Treatment Plant: Chief Plant Operator's (CPO) Name: \_\_\_\_\_

CPO's Title: \_\_\_\_\_ CPO's Telephone Number: (\_\_\_\_) \_\_\_\_\_

**(\*) Do not use this renewal form if your certificate has expired. If your certificate has been expired for less than one year, please complete a reinstatement application. If your certificate has been expired for more than one year, you may need to re-take an exam and apply for a new certificate. Direct any questions concerning this application to (916) 341-5909 or [wwopcertprogram@waterboards.ca.gov](mailto:wwopcertprogram@waterboards.ca.gov).**

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this renewal 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 renewal. I acknowledge that renewal fees are non-refundable.

Print Name: \_\_\_\_\_ Original Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN **BLUE INK**.

(Rev 12/17)

## INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR RENEWAL APPLICATION

- **RENEWAL GRADES AND FEES**

Check the box if you are renewing your Wastewater Certificate. Check the Dual-Renewal Box if you hold a current and valid Drinking Water Treatment or Drinking Water Distribution Certificate. If you are a Dual-Operator check if you are Treatment and/or Distribution Certified and write your operator number and expiration date.

Attach a check or money order for the appropriate fee made payable to: "**State Water Resources Control Board.**". 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).)

- **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 certification application. Note if you are also a Drinking Water Treatment and/or a Drinking Water Distribution Certificate holder.

- **CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE**

If currently employed at a Wastewater Treatment Plant, provide the requested information for each wastewater treatment plant at which you currently work. Attach additional sheets if you currently work at more than one wastewater treatment plant. If you are not currently employed at a Wastewater Treatment Plant, please write on the 'Classification or Title' line that you are not currently employed at a wastewater treatment facility.

- **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 and application 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  
Wastewater Operator Certification Program  
1001 I Street 17<sup>th</sup> Floor  
Sacramento, CA 95814

Direct any questions concerning this application to: (916) 341-5909 or [wwopcertprogram@waterboards.ca.gov](mailto:wwopcertprogram@waterboards.ca.gov)