



OFFICE USE ONLY	
<input type="checkbox"/>	Check \$ _____
<input type="checkbox"/>	Money Order \$ _____
<input type="checkbox"/>	ACH\$ _____



GAVIN NEWSOM
GOVERNOR



JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE REPLACEMENT OF LOST, STOLEN, DAMAGED, OR DESTROYED CERTIFICATES

(All wastewater operators must place their certificate in a publically viewable area at each wastewater treatment plant they are working at. If an operator works at multiple wastewater treatment plants he/she can request a duplicate certificates by completing the duplicate certificate form.)

<p>EEE \$50 Grades I, II, III, IV & V (Fees are non-refundable)</p>
--

Submit your Replacement fee with this form. Make check or money order payable to: "State Water Resources Control Board." To make an online payment from your checking/savings accounts follow the payment instructions on the Wastewater Operator Certification's webpage (https://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml) and locate the Online Payments Section.

If paid by ACH/Online check, write the reference code# _____

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 even been a California certified Drinking Water:

Treatment Operator: Gradelevel: _____ Certificate#: _____ Exp: _____

Distribution Operator: Gradelevel: _____ Certificate#: _____ Exp: _____

**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**

Direct any questions concerning this application to (916) 341-5639 or wwopcertprogram@waterboards.ca.gov.

Print Name: _____ Original Signature:* _____ Date: _____

*PLEASE SIGN IN **BLUE** INK.