WASTEWATER OPERATOR CERTIFICATION PROGRAM (WWOCP)
(This form is only for Wastewater Operators)

ACH ONLINE PAYMENT FORM

Date Application was sent in the mail:_____

Application Number*: O A _ _ _ _ _ _ _ _ _

*The Application number must be configured with OA plus the first four letters of the applicant's last name followed by the last four digits of the applicants social security number (SSN). (For example, a person named Xander Jones, whose SSN is XXX-XX-0000 application number would be OAJONE0000. For last names with less than 4 letters, use zero as space holders.)

Applicant Information:

Name: Last: _____First:_____ Middle:_____Date of Birth:_____

Mailing Address: _____Apt #:_____

City: _____County:_____State:_____Zip:_____

Telephone: Cell: (____)_____Telephone: Home: (____)_____

Payment Information:

Amount:_____Date of scheduled payment: _____

Contact Information:
(Complete this section only if the payee is different from the applicant)

☐ Same as Applicant

Name: Last: _____First:_____ Middle:_____Date of Birth:_____

Telephone: Cell: (____)_____Telephone: Home: (____)_____

Check	Application Type:	Grade (I-V)	Amount
☐	Certification ☐ Dual Operator?		
☐	Contract Operator Credentials		
☐	Contract Operator (Initial & Renewal Applications)		
☐	Examinations ☐ Re-Exam		
☐	Exam Waiver (formally known as Reciprocity		
☐	Operator-In-Training (OIT) ☐ Dual Operator?		
☐	Renewals ☐ Dual Operator?		
☐	Miscellaneous		

The Wastewater Operator Certification Program Fee Schedule is available at:https://www.waterboards.ca.gov/water_issues/programs/operator_certification/docs/forms/fee_increase.pdf, and application forms at: http://www.waterboards.ca.gov/water_issues/programs/operator_certification/form.shtml.

Disclaimer:
This form is not an application*.* A completed application includes both the physical application with an original signature and the application payment. Only completed applications will be processed. To prove payment write the ACH reference number on the application. If you have any questions please either email: wwopcertprogram@waterboards.ca.gov or call (916) 341-5909.

Click to Save

Please save the form as an attachment and send an email to: wwopcertprogram@waterboards.ca.gov

Applicants must submit/mail the original application to:
Mailing Address:
State Water Resources Control Board
Wastewater Operator Certification
P.O. Box 944212
Sacramento, CA 94244-2120

01/2019