



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

**DRINKING WATER DISTRIBUTION/TREATMENT CERTIFICATE REPLACEMENT
OF LOST, STOLEN, OR DESTROYED CERTIFICATES**

<p><u>FEE</u></p> <p>\$25</p> <p>Grades 1, 2, 3, 4, or 5 (Fees are non-refundable)</p>
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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 Drinking Water Operator Certification's webpage https://www.waterboards.ca.gov/drinking_water/certlic/occupations/DWopcert.html and locate the Online Payments Section.

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

Print your name as it appears on your Distribution or Treatment 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: _____

Mailing Address:

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

Overnight Mailing Address:

**State Water Resources Control Board
Drinking Water Operator Certification
1001 I Street, 17th Floor
Sacramento, CA 95814**

Direct any questions concerning this application to (916) 449-5611 or dwopcertprogram@waterboards.ca.gov.

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

*PLEASE SIGN IN **BLUE INK**.