



Application number is OA plus first four letters of last name and last four digits of social security number. For example OABROW6789. Last names with less than 4 letters, please use 0 (zero) as space holders.



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR ENVIRONMENTAL PROTECTION

**State Water Resources Control Board**

**EXAMINATION APPLICATION  
FOR WASTEWATER TREATMENT PLANT OPERATOR**

**USE THIS FORM ONLY FOR EXAMINATION APPLICATIONS**

**I. APPLICANT INFORMATION:**

Name: Last: BROWN First: JOHN Middle: \_\_\_\_\_

Mailing Address: 123 MAIN STREET Apt. #: \_\_\_\_\_ City: SACRAMENTO

County: CA State: CA Zip: 95814

Check box if your address has changed.

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

Telephone: Home: (916) 123-4567

Last four digits of your Social Security Number: 6789 Date of Birth: 01/01/1971

Email Address: JOHN.BROWN@EMAIL.COM

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

Are you presently a certified Wastewater Treatment Plant Operator in California?  YES  NO

If YES, Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**II. EXAMINATION GRADE AND FEES:**

(Check appropriate box)

GRADE I	GRADE II	GRADE III	GRADE IV	GRADE V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>\$140</b>	<b>\$180</b>	<b>\$350</b>	<b>\$440</b>	<b>\$440</b>

(With the exception of certain examination fees, fees are non-refundable. Please see instructions for more information.)

**OFFICE USE ONLY:**

Examination Date: \_\_\_\_\_

Approved /Denied for grade: \_\_\_\_\_

Total educational points : \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_