



**State Water Resources Control Board
RENEWAL APPLICATION**

FOR WASTEWATER TREATMENT OPERATOR CERTIFICATE

Fees. Check the appropriate box and submit your renewal fee with this form.

Renewal		Dual Renewal*	
	\$274		\$201
	Grades I, II, III, IV and V		Grades I, II, III, IV and V

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

It is your responsibility to apply for a renewal of your certificate on time. Make your check or money order payable to: "State Water Resources Control Board." If paid by online payment write the reference code number: _____

Mailing Address:

State Water Resources Control Board
Wastewater Operator Certification
PO Box 944212
Sacramento, CA 94244-2120

Overnight Mailing Address:

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

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

Name: Last: _____ First: _____ Middle: _____

Mailing Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Check box if your address has changed.

Certificate Grade: _____ Certificate Number: _____

Date of Birth: _____ Last four #'s of your Social Security Number _____

Telephone: Cell/Home: (____) _____ Work: (____) _____

E-Mail Address: _____

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

OFFICE USE ONLY
\$ _____ Check, Money Order, ACH/CC Payment

Check all that apply: Are you currently or have you ever been a California certified Drinking Water Treatment or Distribution operator?

Treatment: Grade level _____ Certificate#: _____ Expiration Date: _____

Distribution: Grade level _____ Certificate#: _____ Expiration Date: _____

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

Certification or Title: _____

Wastewater Treatment Plant/Employers Name: _____

Plant Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer Telephone #: (____) _____ Extension: _____

If working at a Wastewater Treatment Plant: List your 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 must re-take an exam and apply for a new certificate. Direct any questions concerning this application to (916) 341-5819 or 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.)

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.

Check the box of the grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to:

“State Water Resources Control Board.” WWOCP can accept electronic payments as Automated Clearing House (ACH) debit payments from checking/savings accounts to pay for application fees. (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

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

Overnight Mailing Address

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Wastewater Operator Certification
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