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**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.)

FEE

\$92

Grades I, II, III, IV & V
(Fees are non-refundable)

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: Grade level: _____ Certificate #: _____ Exp: _____

☐ Distribution Operator: Grade level: _____ 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) 341-5819 or wwopcertprogram@waterboards.ca.gov.

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

***PLEASE SIGN IN BLUE INK.**