



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



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

### RENEWAL APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE

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 certified California Drinking Water Operator :

Treatment: Grade level: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Exp. \_\_\_\_\_  Distribution: Grade level: \_\_\_\_\_ Certificate#: \_\_\_\_\_ Exp. \_\_\_\_\_

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

Classification or Title: \_\_\_\_\_

Name of Wastewater Treatment Plant or Treatment of Distribution Plant Employed By: \_\_\_\_\_

Plant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

If a Wastewater Treatment Plant: Chief Plant Operator's (CPO) Name: \_\_\_\_\_

CPO's Title: \_\_\_\_\_ CPO's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Check the appropriate box below and submit your renewal fee with this form. **It is your responsibility to apply for a renewal of your certificate on time.** (\*) Make check or money order payable to: "State Water Resources Control Board." If paid by ACH/Online check, write the reference code# \_\_\_\_\_.

**Renewal Fees**

- \$170 GRADE I
- \$230 GRADE II
- \$300 GRADE III
- \$340 GRADE IV
- \$340 GRADE V

**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<sup>th</sup> Floor  
Sacramento, CA 95814

(\*) Do not use this renewal form if your certificate is 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 apply for a new certificate. Direct any questions concerning this application to (916) 341-5819 or [wwopcertprogram@waterboards.ca.gov](mailto: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**.