



**OPERATOR CERTIFICATION BOARD
RENEWAL APPLICATION**

Operator Name: _____ Certificate #: _____ Expiry Date: _____

Mailing Address: _____
(If different than previous) Phone #: _____ Community of Employment: _____

Fax #: _____

Please indicate your current level and area of certification:

Water Treatment	1	2	3	4
Water Distribution	1	2	3	4
Wastewater Treatment	1	2	3	4
Wastewater Collection	1	2	3	4
Small System	X			
Small Wastewater System	X			

Please record the workshops/courses you have attended during your two-year certification term and attach copies of the certificates.

NOTE: You must attach copies of your CEU certificates or your renewal will not be reviewed.

Course/Workshop:	CEU:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OFFICE USE ONLY
Applied toward Renewal:

Signature: _____ Date: _____

 _____

OFFICE USE ONLY
Comments: _____

Approved: _____ Date: _____

