



Renewal Application Form

\$150.00 Fee Enclosed: Y/N

Operator Name	Operator Number	Expiry Date
_____	_____	_____
Mailing Address	Phone Number	Community of Employment
_____	_____	_____
_____	Email	Fax
_____	_____	_____

Please circle your current area and level 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**. You must have 1 CEU taken within your renewal term or later in order to meet the renewal requirement.

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

Course/Workshop	Date	CEU	OFFICE USE ONLY Applied towards renewal
_____	_____	_____	_____ _____ _____ _____ _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Operator Signature _____ Date _____

OFFICE USE ONLY

Comments _____

Approved _____

Date _____