



## Renewal Application Form

**\$150.00 Fee Enclosed: Y / N** Credit Card Authorization form available on our website.

Renewal documents & payment must be mailed, emailed or faxed to the office.

**Drop off of documents will not be accepted.**

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	1	2	3	4
Wastewater Collection 1	1	2	3	4
Small System	X			
Small Wastewater System	X			

Please record the workshops/courses you attended during your two-year certification and **attach copies of the certificates**. You must have 1.0 CEU taken within your renewal term or later to meet the renewal requirement.

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

Course/Workshop	Date	CEU	<b>OFFICE USE ONLY</b> _____ _____ _____ _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Comments \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_