



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 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	OFFICE USE ONLY _____ _____ _____ _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

 Operator Signature _____ Date _____

OFFICE USE ONLY	
Comments	_____
Approved	_____
Denied	Date _____