



Renewal Application

Renewal documents & payment must be emailed, faxed or mailed to the office. Drop off is not accepted.

Operator Name _____ Operator Number _____ Certification Expiry Date _____

Mailing Address (including postal code) _____ Phone Number _____ Employer / Facility Name _____

_____ Email _____

Payment of Renewal Fee

- Enclose a \$175.00 cheque or money order **OR**
- I authorize the Operator Certification Board to charge my credit card \$175.00 for this application:
 - VISA MasterCard American Express

Card Holder Name _____ Mailing Address _____ Postal Code _____

Credit Card Number _____ Expiry Date (month/year) _____

Signature of Cardholder _____ Date _____ Email _____

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

CEU courses submitted must be listed on our approved CEU list found on our website - www.saskocb.ca

Course / Workshop	Date	CEU	Office Use Only
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Operator Signature _____ Date _____

Office Use Only

Approved _____

Denied _____ Date _____

Comments _____