



### 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	Phone Number	Employer / Facility Name
_____	_____	_____
Email _____		

### Payment of Renewal Fee

- Enclose a \$150.00 cheque or money order **OR**
- I authorize the Operator Certification Board to charge my credit card **\$150.00** for this application:
  - VISA     MasterCard     American Express

Card Holder Name	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](http://www.saskocb.ca)

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

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

**Office Use Only**

Approved \_\_\_\_\_

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

Comments \_\_\_\_\_