



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
_____	_____

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 _____