

No Fee Required





State Water Resources Control Board

DUPLICATE CERTIFICATES FOR WASTEWATER TREATMENT PLANT OPERATORS WHO WORK AT MULTIPLE PLANTS

According to the California Code of Regulations, title 23, division 3, chapter 26, section 3703:

Operators, and operators-in-training shall display their valid certificates in an area accessible to the public at each wastewater treatment plant where employed. If no area is accessible to the public, the certificates shall be posted in an accessible area at the wastewater treatment plant owner's headquarters. Print your name as it appears on your wastewater treatment plant operator certificate. Apt. #: _____County:______State:_____Zip: _____ Check box if your address has changed. Telephone: Cell: (____) Telephone: Home: (____)__ Certificate Grade: Certificate Number: E-Mail Address: Check box if want to receive public notices from the Wastewater Operator Certification Program. Check all that apply: Are you currently or have you even been a California certified Drinking Water Operator: Treatment: Gradelevel: Certificate#: Exp: Distribution: Gradelevel: Certificate#: Exp: (List each Wastewater Treatment Plant that you are currently working at. Attach additional sheets if necessary.) (1) Name of Wastewater Treatment (WWTP) Employer: WWTP Mailing Address: State: Zip: WWTP/Employer Telephone: ()_____ext. _____ (2) Name of WWTP/Employer: WWTP/Employer Mailing Address: State: Zip: WWTP/Employer Telephone: () ext. (3) Name of WWTP/Employer: _____ State: Zip: WWTP/Employer Telephone: ()_____ ext. Mailing Address: State Water Resources Control Board Overnight Mailing State Water Resources Control Board Wastewater Operator Certification Address: **Wastewater Operator Certification** P.O. Box 944212 1001 I Street, 17 th Floor Sacramento, CA 94244-2120 Sacramento, CA 95814 Direct any questions concerning this application to (916) 341-5819 or wwopcertprogram@waterboards.ca.gov. Original Signature:*_____ Print Name: *PLEASE SIGN IN BLUE INK. (Rev 11/23)