



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIQUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

### EXAMINATION WAIVER APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR

**EXAMINATION WAIVER FEE - \$100 (in addition to Certification Fee)**  
(Fees are non-refundable)

#### I. APPLICANT INFORMATION:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Cell: (\_\_\_\_\_) \_\_\_\_\_ Last four digits of your Social Security Number: \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check box to receive public notices from the Wastewater Operator Certification Program.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Telephone: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

#### II. VALID, UNEXPIRED CERTIFICATES OR REGISTRATIONS:

Provide each valid, unexpired wastewater operator certificate or registration that you hold. (Attach additional sheets if necessary.)  
You must attach a copy of each certificate or registration.

Certifying Body: \_\_\_\_\_

Grade: \_\_\_\_\_ Certificate or Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you passed a written operator examination administered by the certifying body?  Yes  No

Certifying Body Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Certifying Body Telephone: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Certifying Body Email Address: \_\_\_\_\_

#### III. SIGNATURE OF APPLICANT

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this certification application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for examination waiver. I acknowledge that examination waiver fees are non-refundable.

Print Name: \_\_\_\_\_ Original Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN **BLUE INK**. Please make a copy of your complete application for your files. Mail the original completed application package and fee to:

**Mailing Address:**  
State Water Resources Control Board  
Wastewater Operator Certification Program  
P.O. Box 944212  
Sacramento, CA 94244-2120

**Overnight Mailing Address:**  
State Water Resources Control Board  
Wastewater Operator Certification Program  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

**APPLICANTS FOR AN EXAMINATION WAIVER MUST SUBMIT BOTH AN EXAMINATION WAIVER APPLICATION AND AN OPERATOR CERTIFICATION APPLICATION**