

**BUREAU OF PUBLIC WATER SUPPLY
WATERWORKS OPERATOR RENEWAL APPLICATION**

For Department Use Only

Evaluated by: _____ Date: _____

Approved Disapproved

Check /Money Order No.: _____

Deposit Date: _____

Please read the attached instructions thoroughly before completing the application. Type or print legibly. Incomplete applications **will not** be processed and will be returned to the applicant.

SECTION I – GENERAL INFORMATION

(Prefix) First Name M. I. Last Name (Suffix) Certificate No. Expiration Date

Mailing Address: Street Address or P. O. Box City State Zip Code

Home Address: *No P. O. Box* City State Zip Code

Work: (_____) _____ Cellular/Emergency: (_____) _____

Home: (_____) _____ E-mail Address: _____

County of Residence: _____

SECTION II – TRAINING INFORMATION

TRAINING SPONSOR	TRAINING DATE	TRAINING LOCATION	TRAINING CODE	TOTAL CEUs
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

CERTIFICATION STATEMENT

I certify that the information provided on this application is true and correct. I understand that all statements made by me, as well as any documents submitted as supporting evidence, are subject to investigation and verification. I further understand that any deceptive or fraudulent information provided by me is grounds for suspension or revocation of my certification, set forth in Chapter 2 Subpart 8 Rule 2.8.1 of the *Regulation Governing the Certification of Municipal and Domestic Water System Operators*.

Signature of Applicant

Date

Sworn to and subscribed before me this
the _____ day of _____

Notary Seal

Signature of Notary

My Commission Expires