



State Water Resources Control Board

ADDRESS / NAME CHANGE FORM

Operator's Name (first, middle initial, last):

Water Distribution Operator Number:

Water Treatment Operator Number:

OLD MAILING ADDRESS

Street Address:

City:	State:	Zip:
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Home Phone:	Cell Phone:
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Work Phone:	Email:
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NEW MAILING ADDRESS

Street Address:

City:	State:	Zip:
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Home Phone:	Cell Phone:
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Work Phone:	Email:
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NAME CHANGE

To request a name change, a copy of the legal document (marriage license, naturalization papers, etc.) changing the name must be submitted with this form.

Former Name (First, Middle, Last):

New Name (First, Middle, Last):

I am hereby requesting a change of address and/or name and certify that the above information is correct.

Signed: _____

Date:

Please fully complete this form, sign and date it. You may send the form to us by mail, email, or fax.

Mail
 State Water Resources Control Board
 Drinking Water Operator Certification Program
 PO Box 944212
 Sacramento, CA 94244-2120

Email
dwopcertprogram@waterboards.ca.gov

Fax
 (916) 449-5654