



State Water Resources Control Board

FOR	WASTEWATER TREATM	DUPLICATE C ENT PLANT OPI			AT MULTIPLE PLANTS	
According to the California	Code of Regulations, title 23,	division 3, chapter 2	26, section 3703:			
	s-in-training shall display the no area is accessible to the headquarters.					
Print your name as it appears on your wastewater treatment plant operator certificate.						
Name: Last:		=irst:	Mi	ddle:	D.O.B:	
Mailing Address:					Apt. #:	
.	County:		State:Zip:			
Check box if your a	address has changed.					
Telephone: Cell: (_)	Τε	elephone: Home	: ()_		
E-Mail Address:		Ce	ertificate Grade:		Certificate Number:	
Check box if want	to receive public notices	from the Wastew	ater Operator C	Certificati	on Program.	
Check all that apply: Are you currently or have you even been a California certified Drinking Water Operator:						
Treatment: Gradelevel:	Certificate#:	Exp:	Distribution: Gra	deLevel:	Certificate#:	_ Exp:
—	er Treatment Plant that you	_	-			
(1) Name of Wastew	ater Treatment (WWTP) I	mplover:				
	ess:					
	ephone: ()					
(2) Name of WWTP/I	Employer:					
	iling Address:					
City:			S	tate:	Zip:	
WWTP/Employer Tele	ephone: ()		ext			
(3) Name of WWTP/E	Employer:					
WWTP/Employer:						
City:			S	tate:	Zip:	
WWTP/Employer Tele	ephone: ()		ext			
	State Water Resources Wastewater Operator Ce P.O. Box 944212 Sacramento, CA 94244-2 concerning this application	ertification 2120	Addre	ss: Wa 100 Sa	ate Water Resources Co astewater Operator Certi 01 I Street, 17 th Floor cramento, CA 95814 <u>@waterboards.ca.gov</u> .	
Brint Nome:		Original Signature:*			Detai	
Print Name:		original Signature	····		Date:	(Rev 11/23)
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