

**For Official Use Only**

Check\$ \_\_\_\_\_

Money Order\$ \_\_\_\_\_

ACH\$ \_\_\_\_\_

Dual?  Yes  No

**State Water Resources Control Board**

**OPERATOR-IN-TRAINING (OIT) CERTIFICATION RENEWAL APPLICATION**

**USE THIS FORM ONLY FOR OPERATOR-IN-TRAINING RENEWAL APPLICATIONS**

**I. OIT CERTIFICATION GRADE AND FEES:**

Check appropriate box below and submit the renewal fee with this form.  
**It is your responsibility to apply for renewal of your OIT certificate on time.**

<input type="checkbox"/> <div style="display: inline-block; vertical-align: middle;"> <p>Renewal \$203 Grades I, II, III, IV &amp; V</p> </div>
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<input type="checkbox"/> <div style="display: inline-block; vertical-align: middle;"> <p>Dual Renewal* \$149 Grades I, II, III, IV &amp; V</p> </div>
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(Fees are non-refundable.)

**\*Dual-OIT fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate.**

If paid by ACH/online check, write the Reference Code# \_\_\_\_\_

**Grade I:** A valid, unexpired Grade I OIT certificate may be renewed once for a three-year period provided the OIT has passed an examination at the Grade I level or a higher level before the expiration of the initial certificate and the OIT's examination results have not expired.

**Grades II – V:** A valid, unexpired Grade II through Grade V OIT certificate may be renewed once for a three-year period provided the OIT has passed an examination at that grade level or a higher level and the OIT's examination results have not expired.

**The Chief Plant Operator (CPO) must complete and sign the CPO Training Plan For Operator-In-Training Renewal with this application.**

**II. APPLICANT INFORMATION:**

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

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

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

Check box if your address has changed.

Telephone: Cell: (\_\_\_\_\_) \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_

OIT Grade Level: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_ Classification or Title: \_\_\_\_\_

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

**OFFICE USE ONLY:**

Examination date: \_\_\_\_\_

Certification issue date: \_\_\_\_\_

Certificate expiration date: \_\_\_\_\_

Chief Plant Operator's cert. exp. date: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

Check all that apply: Are you currently or have you ever been a certified California Drinking Water Operator:

Treatment: Grade level: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Exp: \_\_\_\_\_

Distribution: Grade level: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Exp: \_\_\_\_\_

Wastewater Treatment Plant/Employer Name: \_\_\_\_\_

Chief Plant Operator's (CPO) Name: \_\_\_\_\_

CPO's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

CPO's Telephone: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**III. PREVIOUS RENEWALS:**

Have you previously renewed your OIT certificate?

YES

NO

If yes, you must submit the attached CPO Training Plan.

**IV. SIGNATURE OF CHIEF PLANT OPERATOR (CPO):**

As the undersigned operator, I hereby certify that I am the Chief Plant Operator of the above-named wastewater treatment plant, and that all facts and statements set forth in this section, are true and correct to the best of my knowledge and belief.

Print Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Original Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN BLUE INK.

**V. SIGNATURE OF APPLICANT:**

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this Operator-in-Training (OIT) renewal 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 OIT renewal. I acknowledge that OIT renewal fees are non-refundable.

Print Name: \_\_\_\_\_

Original Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*PLEASE SIGN IN BLUE INK.

## INSTRUCTIONS FOR OPERATOR-IN-TRAINING CERTIFICATION RENEWAL

### I. CERTIFICATION GRADES AND FEES

Check the box of the grade level for which you are applying. A valid, unexpired Grade OIT certificate Grades I –V may be renewed once for a three-year period provided the OIT has passed an examination at that grade level or higher and the OIT's examination results have not expired. Dual-OIT fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate.

Either attach a check or money order for the appropriate fee made payable to: "**State Water Resources Control Board**", or make an online payment from your checking/savings accounts. Online payment Instructions are available on the Wastewater Operator Certification Home page ([http://www.waterboards.ca.gov/water\\_issues/programs/operator\\_certification/operator\\_certification.shtml](http://www.waterboards.ca.gov/water_issues/programs/operator_certification/operator_certification.shtml)) at the bottom of the page locate the Online Payments section. (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

### II. APPLICANT INFORMATION

Provide all of the requested information. Please notify the Wastewater Operator Certification Program (WWOCP) immediately if your contact information changes. The WWOCP must be able to notify you in case there are any questions regarding your OIT renewal application.

### III. PREVIOUS RENEWALS

Check the box whether you previously have renewed your OIT certificate. If you previously have renewed your OIT certificate, you must submit a CPO Training Plan.

### IV. SIGNATURE OF CHIEF PLANT OPERATOR

Provide your CPO's grade level, and certification number. Your application **MUST** include the CPO's **ORIGINAL** signature and date in blue ink.

### V. SIGNATURE OF APPLICANT

The application submitted **MUST** include your **ORIGINAL** signature and date in blue ink. Please make a copy of your complete application for your files. Mail the original completed application package and application fee to:

**Mailing Address:**

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

**Overnight Mailing Address:**

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

Direct any questions concerning this application to: (916) 341-5819 or [wwocertprogram@waterboards.ca.gov](mailto:wwocertprogram@waterboards.ca.gov).

## CPO TRAINING PLAN FOR OPERATOR-IN-TRAINING RENEWAL

ATTACH THIS FORM TO OPERATOR-IN-TRAINING RENEWAL APPLICATION

*(Attach additional sheets if necessary)*

**I. APPLICANT INFORMATION:**

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

**II. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE:** You must provide a copy of your duty statement (on official employer letterhead or must be signed by the CPO). (Attach additional sheets if you currently work at more than one wastewater treatment plant.)

From (M/D/YY)	To (M/D/YY)	Job Classification/position title:	
Average number of hrs/wk currently in operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Amount of qualifying experience acquired:			
Estimate of the amount of time required for the applicant to acquire the qualifying experience necessary to meet the minimum qualifications for certification at the appropriate grade level:			Estimated number of hrs/wk you will be in operations:

Job Duties:

**III. SIGNATURE OF CPO:**

As the undersigned operator, I hereby certify that I am the CPO of the wastewater treatment plant below and that all facts and statements set forth in this section are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in discipline as well as the imposition of civil liability.

**Print Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Certification Number:** \_\_\_\_\_

**Original Signature:\*** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*PLEASE SIGN IN **BLUE INK**.

**IV. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:**

(List each job separately. Attach additional sheets if necessary.)

From (M/D/YY)	To (M/D/YY)	Job Classification/position title:	
Average number of hrs/wk in operations:		Name of Wastewater Treatment Plant:	Name of contract operator (if applicable):
Mailing Address:			Name of municipality:
Street Address:			

CPO's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone : (    ) \_\_\_\_\_ Ext. \_\_\_\_\_

**V. SIGNATURE OF APPLICANT:**

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this OIT 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 OIT certification.

Print Name: \_\_\_\_\_

Original Signature:\* \_\_\_\_\_

Date: \_\_\_\_\_

\*PLEASE SIGN IN BLUE INK.

**INSTRUCTIONS FOR  
CPO TRAINING PLAN FOR  
OPERATOR-IN-TRAINING RENEWAL**

**I. APPLICANT INFORMATION**

Provide the applicant's Last, First, and Middle name.

**II & III. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE**

Provide the requested information for each wastewater treatment plant at which you currently work or at which you will work after you receive your OIT certificate renewal. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You **MUST** provide a copy of your employer duty statement (on official letterhead or must be signed by the CPO).

Provide your CPO's grade level and certification number. Your application **MUST** include the CPO's **ORIGINAL** signature and date in blue ink.

**IV. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE**

List all of your previous wastewater treatment plant experience. List each job separately. Attach additional sheets if necessary.

**V. SIGNATURE OF APPLICANT**

The application submitted to the WWOCP **MUST** include your **ORIGINAL** signature and date in **blue ink**. Please make a copy of your complete application for your files. Mail the original completed application package to:

**Mailing Address:**

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Office of Operator Certification  
P.O. Box 944212  
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