



OFFICE USE ONLY	
<input type="checkbox"/>	Check \$ _____
<input type="checkbox"/>	Money Order \$ _____
<input type="checkbox"/>	ACH\$ _____
Dual?	<input type="checkbox"/> Yes <input type="checkbox"/> No



GAVIN NEWSOM  
GOVERNOR



YANA GARCIA  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

### REINSTATEMENT APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATE

(This is only for applicants whose certificate has been expired for less than one year. If it has been more than one year, you must submit a new certification application and may need to retake the wastewater exam as exam results expire after four years.)

Check the appropriate box below and submit fees payable to "State Water Resources Control Board".

<u>Fees</u>		Dual*
<input type="checkbox"/>	<b>\$338 Grade (Renewal \$203 + \$135 Reinstatement fee) Grades I - V</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>\$284 Grade (Renewal \$149 + \$135 Reinstatement fee) Grades I - V</b>	<input type="checkbox"/>

\*Dual Certification fee applies if the applicant holds a current and valid Drinking Water Treatment or Distribution certificate.  
(Fees are non-refundable.)

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

To make an online payment from your checking/savings accounts follow the payment instructions on the Wastewater Operator Certification's webpage ([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)) and locate the Online Payments Section.

Certificate Grade: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Date Certificate Expired: \_\_\_\_\_

**Print your name as it appears on your wastewater treatment plant operator certificate.**

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

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

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

Check box if your address has changed.

Telephone: Cell/Home ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone: Work ( \_\_\_\_\_ ) \_\_\_\_\_

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

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: \_\_\_\_\_

**PRIOR ACTIONS:**

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

Yes  No If Yes, EXPLAIN: \_\_\_\_\_

**SIGNATURE OF APPLICANT (\*PLEASE SIGN IN BLUE INK).**

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this reinstatement application are true and correct to the best of my knowledge and belief and that I have not been employed as an operator at a wastewater treatment plant since my operator certificate expired. 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 reinstatement. I acknowledge that reinstatement fees are non-refundable.

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

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

**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

**INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR  
REINSTATEMENT APPLICATION**

- **REINSTATEMENT GRADES AND FEES**

Check the box if you are renewing your Wastewater Certificate. Check the Dual-Renewal Box if you hold a current and valid Drinking Water Treatment or Drinking Water Distribution Certificate. If you are a Dual-Operator check if you are Treatment and/or Distribution Certified and write your operator number and expiration date.

Attach a check or money order for the appropriate fee made payable to: "**State Water Resources Control Board.**". WWOCP can now accept online payments from checking/savings accounts to pay for application fees. 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).)

- **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 certification application. Note if you are also a Drinking Water Treatment and/or a Drinking Water Distribution Certificate holder.

Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide the last four digits of your social security number. Failure to provide the requested information will result in denial of your certification application. The social security number will be used by the State solely for the purpose of identifying the certificate holder. Applicants have the right to inspect records containing personal information maintained by the State Water Board.

- **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 and application 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, 17th Floor  
Sacramento, CA 95814

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