

# RENEWAL FORM

To renew your **Water Treatment** or your **Water Distribution Operator** certification for three years, fill out the information requested below and submit this form along with your continuing education contact hour information and the appropriate fee listed below to the address noted below. Make your check or money order payable to CDPH-OCP (do not send cash), **ALL FEES ARE NONREFUNDABLE**. Your renewal **cannot** be completed without your **continuing education contact hours**, your **original signature**, and the **renewal fee**. If you have any questions regarding your certification, you may contact the Operator Certification Program at (916) 449-5611.

## RENEWAL FEES

A discount applies to operators who are currently certified as **both** a water treatment operator **and** a water distribution operator. If you only have one or the other certificate, please submit the fee listed under *Renewal Fee*. If you hold both certificates, please submit the fee listed under *Discount Fee*. **YOUR WATER TREATMENT AND DISTRIBUTION CERTIFICATE MUST BE RENEWED SEPERATELY. ONE FEE WILL NOT RENEW BOTH CERTIFIATES.**

Grade	Renewal Fee	Discount Fee (currently certified in <b>both</b> water distribution <b>and</b> treatment)	First Late Fee	Second Late Fee
1	\$70.00	\$55.00	<u>plus</u> \$50.00	<u>plus</u> \$100.00
2	\$80.00	\$60.00	<u>plus</u> \$50.00	<u>plus</u> \$100.00
3	\$120.00	\$90.00	<u>plus</u> \$50.00	<u>plus</u> \$100.00
4	\$140.00	\$105.00	<u>plus</u> \$50.00	<u>plus</u> \$100.00
5	\$140.00	\$105.00	<u>plus</u> \$50.00	<u>plus</u> \$100.00

Renewal fees are due four months **BEFORE** the expiration date. A late fee of \$50 will be assessed for renewals submitted after the renewal due date, but at least 45 days prior to the expiration date. A late fee of \$100 will be due for renewals submitted less than 45 days prior to the expiration date.

<b><u>RENEWAL DUE DATE</u></b> If your certificate is due for renewal on this date...	<b><u>FIRST LATE FEE</u></b> A \$50 late fee is required if you apply for renewal on or after this date	<b><u>SECOND LATE FEE</u></b> A \$100 late fee is required if you apply for renewal on or after this date	<b><u>EXPIRATION DATE</u></b> If you do not apply for renewal your certificate will expire on this date
December 1, 2007	December 2, 2007	February 18, 2008	April 1, 2008
January 1, 2008	January 2, 2008	March 19, 2008	May 1, 2008
February 1, 2008	February 2, 2008	April 19, 2008	June 1, 2008
March 1, 2008	March 2, 2008	May 19, 2008	July 1, 2008
April 1, 2008	April 2, 2008	June 19, 2008	August 1, 2008
May 1, 2008	May 2, 2008	July 20, 2008	September 1, 2008
June 1, 2008	June 2, 2008	August 19, 2008	October 1, 2008
July 1, 2008	July 2, 2008	September 19, 2008	November 1, 2008
August 1, 2008	August 2, 2008	October 19, 2008	December 1, 2008
September 1, 2008	September 2, 2008	November 19, 2008	January 1, 2009
October 1, 2008	October 2, 2008	December 20, 2008	February 1, 2009
November 1, 2008	November 2, 2008	January 17, 2009	March 1, 2009

**Submit this form with your CE requirement and payment**

**CONTINUING EDUCATION HOURS ARE REQUIRED**

Acceptable continuing education contact hours must be completed since your previous renewal due date (within the last three years). **Your renewal form must be post-marked by the expiration date of your certificate or your certificate will expire.**

The following number of contact hours of continuing education will be required for renewal:

<b>Grade 1</b>	<b>Grade 2</b>	<b>Grade 3</b>	<b>Grade 4</b>	<b>Grade 5</b>
12 hours	16 hours	24 hours	36 hours	36 hours

When your renewal is due send the information requested on this form along with your renewal fee. Please remember, maintaining verification of your continuing education contact hours is entirely your responsibility, and is required to renew your operator certification.

**PLEASE PRINT LEGIBLY OR CARD WILL BE RETURNED**

Date	Contact Hours	Course Title	Name of Instructor and phone number	Location
			Instructor's name: Phone number: ( )	
			Instructor's name: Phone number: ( )	
			Instructor's name: Phone number: ( )	
			Instructor's name: Phone number: ( )	
			Instructor's name: Phone number: ( )	
<b>TOTAL HOURS =</b>				

IF NECESSARY, CONTINUE ON A SEPARATE SHEET OF PAPER

For more information on renewals and continuing education, visit our website at:  
<http://www.dhs.ca.gov/ps/ddwem/opcert/default.htm>

Mail this form, payment, and continuing education hours to:

Department of Public Health  
Drinking Water Program  
Operator Certification Renewal  
**MS#7417**  
**P O Box 997377**  
**Sacramento, CA 95899-7377**

Which one (1) are you renewing (check one only):

\_\_\_\_\_ Treatment      \_\_\_\_\_ Distribution      Grade \_\_\_\_\_

Operator #: \_\_\_\_\_ Due Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please submit separate form per certificate renewal.**

↓ <b><i>This information is required to renew your certificate</i></b> ↓	
<b>IMPORTANT RENEWAL INFORMATION</b> (to be filled out by operator)	
<b>Certificate Expires:</b>	
E-Mail address: _____	
Provided your Distribution/Treatment number for discount (if applicable): _____ [must be currently certified to qualify for discount]	
Daytime Phone No.: ( ) _____	
Check No.: _____	
Amount of Check: \$ _____	
_____ Original Signature	_____ Date
<b>FOR OCR OFFICE USE ONLY</b>	
To Accounting: _____	
ID Card Sent/Database Updated: _____	
*****	
Hours Submitted: _____ Hours Owed: _____	
Rejected date: _____ Initial: _____	
Approved by: _____ Date: _____	