

# RENEWAL FORM

To renew your Water Treatment or your Distribution Operator Certification for three years, fill out information requested below and submit this form along with your continuing education contact hours information and the appropriate fee listed below to the address noted below. Make your check or money order payable to DHS-OCP (do not send cash), **ALL FEES ARE NONREFUNDABLE**. Your renewal **cannot** be processed 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 is being offered 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 <u>both</u> water distribution <u>and</u> 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 due for renewals submitted or resubmitted 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 or resubmitted less than 45 days prior to the expiration date but within six months after the expiration date.

**CERTIFICATES THAT ARE NOT RENEWED WITHIN SIX MONTHS OF THE EXPIRATION DATE CANNOT BE RENEWED!**

<u>EXPIRATION DATE</u> If your certification expires on this date...	<u>RENEWAL DUE DATE</u> You must renew by this date to avoid late fees	<u>FIRST LATE FEE</u> A \$50 late fee applies if you renew after the "Renewal Date" but before this date...	<u>SECOND LATE FEE</u> A \$100 late fee applies if you renew after the "First Late Fee" date but before this date...
January 1, 2007	September 1, 2006	November 17, 2006	July 1, 2007
February 1, 2007	October 1, 2006	December 18, 2006	August 1, 2007
March 1, 2007	November 1, 2006	January 15, 2007	September 1, 2007
April 1, 2007	December 1, 2006	February 15, 2007	October 1, 2007
May 1, 2007	January 1, 2007	March 17, 2007	November 1, 2007
June 1, 2007	February 1, 2007	April 17, 2007	December 1, 2007
July 1, 2007	March 1, 2007	May 17, 2007	January 1, 2008
August 1, 2007	April 1, 2007	June 17, 2007	February 1, 2008
September 1, 2007	May 1, 2007	July 18, 2007	March 1, 2008
October 1, 2007	June 1, 2007	August 17, 2007	April 1, 2008
November 1, 2007	July 1, 2007	September 17, 2007	May 1, 2008
December 1, 2007	August 1, 2007	October 17, 2007	June 1, 2008

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

**CONTINUING EDUCATION HOURS ARE REQUIRED**

Acceptable courses must have been completed since your previous renewal due date (within the last three years). Continuing education contact hours must be obtained between renewal periods and submitted before your expiration date or a late fee will be assessed.

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 or Institution and phone number	Location
			Instructor/Institution: Phone number: ( )	
			Instructor/Institution: Phone number: ( )	
			Instructor/Institution: Phone number: ( )	
			Instructor/Institution: Phone number: ( )	
			Instructor/Institution: 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/technical/certification/opcert.html>

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

Department of Health Services  
Drinking Water Program  
Operator Certification Renewal  
**MS#7417**  
**P O Box 997413**  
**Sacramento, CA 95899-7413**

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>This information is required to renew your certificate</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: _____	