



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL

BOARD OF
CERTIFICATION

DIVISION OF WATER
RICHARDSON & ROBBINS BUILDING
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

PHONE: (302) 739-9946
FAX: (302) 739-7864

**APPLICATION FOR RENEWAL
WASTEWATER TREATMENT PLANT OPERATOR**

Application Must Be Complete, Typewritten or Clearly Printed

| OPERATOR INFORMATION | | | | |
|--|------------|--|--|-------------------------|
| Prefix | First Name | Middle Name | Last Name | Suffix |
| Street Address | | | | |
| Mailing Address (if different than Street Address) | | | | |
| City | | State | | Zip |
| Home Telephone Number | | | Mobile Telephone Number | |
| E-Mail Address | | | | License Expiration Date |
| DE Wastewater Operator License Number | | Wastewater License Level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OIT | | |
| CURRENT EMPLOYMENT INFORMATION | | | | |
| Name of Employer | | | Telephone Number | |
| Street Address | | | | |
| Mailing Address (if different than Street Address) | | | | |
| City | | State | | Zip |
| Name of Plant or Service Area | | | DNREC Classification of WWTF | |
| Dates of Employment at Facility | | | Dates of Employment as Wastewater Operator | |
| Description of Work Performed | | | | |
| | | | | |
| | | | | |
| | | | | |
| Level of Responsibility | | | | |
| | | | | |
| | | | | |
| Name of Supervisor | | Title | E-Mail Address | |

MULTI-PLANT OPERATORS (EITHER IN DRC OR BACK-UP)

| | | |
|--------------------------------|------------------------------|----------------------------------|
| Facility Name & Classification | <input type="checkbox"/> DRC | <input type="checkbox"/> Back-Up |
| | <input type="checkbox"/> DRC | <input type="checkbox"/> Back-Up |
| | <input type="checkbox"/> DRC | <input type="checkbox"/> Back-Up |
| | <input type="checkbox"/> DRC | <input type="checkbox"/> Back-Up |

CONTINUING EDUCATION TRAINING

Attach copies of certification of completion for short courses, classes, refresher and training programs related to the wastewater treatment industry totaling at least 20 hours (10 hours must be directly related) of continuing education training. All courses, classes and training must be approved by the Board of Certification.

Approved Courses can be found on our website:
http://www.dnrec.delaware.gov/wr/Information/SWDInfo/Documents/Approved_Courses.pdf

Duplication of directly related courses in consecutive renewal periods will be denied.

LICENSED WASTEWATER OPERATOR CONTACT LIST
(Available to the general public, potential employers, system owners, etc.)

Yes - I would like my contact information made available

No - I would not like my contact information made available

| | |
|-------------------------------------|--|
| Telephone Number (for contact list) | County(ies) You Prefer to Work In <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input type="checkbox"/> Sussex |
|-------------------------------------|--|

PAYMENT INFORMATION

Renewal Fee - \$50.00 Surcharge Fee for Late Renewal - \$15.00

Please make checks payable to **Division of Water** (*fees are non-refundable*)

VERIFICATION

I hereby certify that this application contains no misrepresentation or falsifications, is true and complete to the best of my knowledge and belief. I am aware that any willful falsification or misrepresentation will result in the revocation of any certification issued.

| | |
|----------------------------|------------|
| Operator's Signature _____ | Date _____ |
|----------------------------|------------|

Please mail: 1. **Application for Renewal**, 2. **Continuing Education Training Certificates** and 3. **Payment** to:

DNREC
Surface Water Discharges Section
89 Kings Highway
Dover, DE 19901

BOARD OF CERTIFICATION USE
DO NOT COMPLETE

REMARKS REFERENCE RENEWAL OR DENIAL OF LICENSE

| | |
|---|------------|
| Attest for the Board of Certification _____ | Date _____ |
|---|------------|