

State of Nevada
Application for Renewal of
Nevada Wastewater Certification

PROGRAM:

Treatment Plant Operator

Name _____ Certificate Number _____

Grade _____ Expiration Date _____

Address _____

Are you a veteran of the United States Armed Forces: Yes No Branch & MOS: _____

Renew my certificate

Cancel my certificate

Send application for upgrading

INSTRUCTIONS:

Please complete this form and return with a **\$30** non-refundable check or money order made payable to **NDEP** (*Nevada Division of Environmental Protection*). The \$30 renewal fee will extend your certificate for an additional two-year period. A **\$20 late fee** will be charged for payments received after the certification expiration date.

Please provide the following information to help us stay in contact with you:

Email: _____ Phone: _____ Cell: _____

Mailing Address (if changed from above): _____

Present Employer _____

Employer Address _____

Present Job Title _____ Date of Hire _____

YES, you may release my personal information.

NO, please do not release my personal information.

Continuing education documentation submitted.

I certify that the information provided, including attachments, is true and accurate. By signing this application I agree to adhere to the Wastewater Professional Code of Conduct. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

Signature _____ Date _____

Mail this form and your \$30 renewal payment (payable to NDEP) to:

Wastewater Operator Certification Program
Bureau of Water Pollution Control
Nevada Division of Environmental Protection
901 S. Stewart St., Suite 4001
Carson City, NV 89701

FOR OFFICE USE ONLY:

Check # _____

Date Received _____

Database Updated _____

Renewal Mailed _____

To contact us:

Hotline: 775-465-2045

E-mail: certification@nvwea.org

Web Site: www.nvwea.org