



**COLORADO WATER AND WASTEWATER FACILITY
OPERATORS CERTIFICATION BOARD**

Operator Certification Program Office
2170 S. Parker Rd., Ste. 290
Denver, Colorado 80231

web: www.ocpoweb.com

Phone 303-394-8994
Fax 303-394-3450
Email ocpo@ocpoweb.com

Colorado Department
of Public Health
and Environment

APPLICATION FOR RENEWAL

TO BE SUBMITTED ONLY AFTER COMPLETION OF REQUIRED TRAINING UNITS

PLEASE NOTE: A separate renewal application must be submitted for each certification being renewed.

<p>NAME:</p> <p>ADDRESS: <input type="checkbox"/> CHECK HERE IF NEW ADDRESS</p> <p>CITY, STATE, ZIP:</p> <p>HOME PHONE NO.:</p> <p>CELL PHONE NO.:</p> <p>EMAIL:</p> <p>OPERATOR ID #:</p> <p>DATE OF THIS APPLICATION:</p> <p>EMPLOYER:</p> <p>ADDRESS:</p> <p>CITY, STATE, ZIP:</p> <p>PHONE NO.:</p> <p>FAX NO.:</p> <p>PWSID# OR PERMIT#:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>CERTIFICATION TO BE RENEWED</u></th> </tr> <tr> <th style="text-align: center;"><u>TYPE</u></th> <th style="text-align: center;"><u>LEVEL</u></th> </tr> </thead> <tbody> <tr> <td>Water <input type="checkbox"/></td> <td>A <input type="checkbox"/></td> </tr> <tr> <td>Wastewater <input type="checkbox"/></td> <td>B <input type="checkbox"/></td> </tr> <tr> <td>Industrial Wastewater <input type="checkbox"/></td> <td>C <input type="checkbox"/></td> </tr> <tr> <td></td> <td>D <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Small Systems</td> </tr> <tr> <td>Water <input type="checkbox"/> Wastewater <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Transient Non-Community <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Collection <input type="checkbox"/></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td>Distribution <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table> <p>CERTIFICATION#: _____</p> <p>EXPIRATION DATE: _____</p> <p>PROCESSING TIME APPROXIMATELY 4-TO-6 WEEKS</p> <p>To pay by <i>Credit Card</i>: (Visa, MasterCard, and American Express) Amount Paid: \$85 (6 x 9) _____ \$90 (9 x 11) _____ Card Type: _____ Card Number: _____ Expiration Date: _____ Signature: _____</p>	<u>CERTIFICATION TO BE RENEWED</u>		<u>TYPE</u>	<u>LEVEL</u>	Water <input type="checkbox"/>	A <input type="checkbox"/>	Wastewater <input type="checkbox"/>	B <input type="checkbox"/>	Industrial Wastewater <input type="checkbox"/>	C <input type="checkbox"/>		D <input type="checkbox"/>	Small Systems		Water <input type="checkbox"/> Wastewater <input type="checkbox"/>		Transient Non-Community <input type="checkbox"/>		Collection <input type="checkbox"/>	1 <input type="checkbox"/>	Distribution <input type="checkbox"/>	2 <input type="checkbox"/>		3 <input type="checkbox"/>		4 <input type="checkbox"/>
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<p>The Following are Required:</p> <ul style="list-style-type: none"> • Affidavit Of Legal Presence In The U.S. (Must be the ORIGINAL, two-page document. Be sure to include a copy of the identification.) • A copy of your current certification • Documentation of training units completed (provide copies only, no originals). • Be sure all training courses are approved and relevant to type of certification you are renewing. • Fee of \$85.00 for 6 x 9 certificate or \$90 for 9 x 11 Certificate. Includes the required Application Fee & Administration Fee. • The 6 x 9 certificate will be issued unless otherwise indicated. (See the above credit card box to indicate certificate choice.) • <i>Make checks or money orders, payable to: OCPO. Only one check per application.</i> • Send Renewal Application and Fee to: OCPO; 2170 S. Parker Rd., Ste. 290; Denver, CO 80231 <p>IMPORTANT! If ALL of the above are NOT INCLUDED, your renewal will not be granted.</p>																											
<p>Information regarding training units completed:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME OF COURSE</th> <th style="width:15%;">Board Approval #</th> <th style="width:15%;">DATE (S)</th> <th style="width:30%;">LOCATION</th> <th style="width:5%;"># OF TU'S</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME OF COURSE	Board Approval #	DATE (S)	LOCATION	# OF TU'S																					
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<p>**By signing this application I represent that, to the best of my knowledge, all information provided is correct. I understand that any certification issued on the basis of incorrect application information may be revoked by the Water and Wastewater Facility Operators Certification Board.</p> <p>Signature of Applicant: _____ Date: _____</p>																											

***** WE CAN NO LONGER ACCEPT FAXED RENEWAL APPLICATIONS *****

***** ONLY THE SIGNED ORIGINALS ARE ACCEPTABLE *****

**AFFIDAVIT OF
LEGAL PRESENCE IN THE U.S.**

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Signature OCPO Staff
(Office use only)

Date

Both forms and the renewal application must be mailed back to our office unless otherwise instructed.

Please be sure to include a photocopy of the identification presented to the Notary Public.

PROOF OF IDENTIFICATION

I, _____, who reside at _____

_____ in the County of _____,

State of _____, do hereby affirm that attached hereto is a true and accurate copy of the following form of identification,* properly issued to me:

(Specify form of identification including, without limitation, the title, the issuing state or country or governmental agency, identification number, and date of expiration)

Signature of Applicant

The original of the above-referenced identification was produced to me by the person named above and this Proof of Identification was subscribed and sworn to before me in the County of _____, State of _____, this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission expires:

For purposes of this Proof of Identification, the following forms of identification are acceptable: a) a Colorado driver's license or Colorado identification card; b) a U.S. military card or military dependent's card; c) a U.S. Coast Guard Merchant Mariner card; or d) a Native American Tribal Document. Moreover, the following forms of identification are acceptable: e) a certificate verifying naturalized status issued by an authorized agency of the U.S. bearing the applicant's intact photograph impressed with the raised embossed seal of the issuing agency; f) a certificate verifying U.S. citizenship issued by an authorized agency of the U.S. bearing the applicant's intact photograph impressed with the raised embossed seal of the issuing agency; g) a valid driver's license or identification card bearing the applicant's photograph issued by one of the following states: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming; or h) valid immigration documents demonstrating lawful presence and verified through the Systematic Alien Verification for Entitlement (SAVE) program administered by the Department of Homeland Security.

Valid driver's license or State identification cards are not acceptable proof from the following States: Alaska, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Nebraska, New Mexico, North Carolina, Oregon, Tennessee, Texas, Utah, Vermont, Washington, and Wisconsin. U.S. Territories and Protectorates; i.e. Guam, American Samoa, Puerto Rico, the Mariannas, etc., are also not included on the Regulation's list of acceptable IDs, OCPO cannot accept identification issued by these entities.

Please include a photocopy of the identification presented to the notary.

***** ONLY THE SIGNED & NOTARIZED ORIGINALS ARE ACCEPTABLE *****

TRAINING UNITS REQUIREMENTS FOR CERTIFICATION RENEWAL

Regulation #100, Section 100.14

Section 100.14 of the new regulation establishes training requirements that must be met in order for operators to renew expiring certifications as follows:

100.14 TRAINING UNIT REQUIREMENTS FOR RENEWAL OF CERTIFICATION

100.14.1 In addition to the other requirements of this rule, all certified operators must earn the appropriate number of training units, as specified in this rule, before the operator's certificate will be renewed. Up to 50 percent of the training units for certification renewal may come from courses approved as supplemental training or from courses approved as core training for certification categories other than the category of the certification being renewed, provided that at least 50 percent of the training units for certification renewal shall come from courses approved as core training for the category of certification being renewed. Subject to the 50 percent core training limitation above, a course with training units approved in multiple categories may be counted up to the training unit equivalent of the actual number of approved hours in the course for each certificate being renewed.

100.14.2 Operators seeking renewal of their certificates shall meet the following training unit requirements:

(a) Class A water treatment, domestic wastewater treatment, and industrial wastewater treatment facility operators - 3 training units.

(b) Class B water treatment, domestic wastewater treatment, and industrial wastewater treatment facility operators - 2.4 training units.

(c) Class C water treatment, domestic wastewater treatment, and industrial wastewater treatment facility operators – 1.8 training units.

(d) Class D water treatment, domestic wastewater treatment, and industrial wastewater treatment facility operators – 1.2 training units.

(e) Class 4 water distribution and wastewater collection system operators – 3 training units.

Three (3) training units are required for your renewal - If you held an active class 3 license, you were awarded a level 4 effective January 1, 2008.

(f) Class 3 water distribution and wastewater collection system operators – 2.4 training units. **

** Effective for operators awarded level after May 1, 2008 **

(g) Class 2 water distribution and wastewater collection system operators – 1.8 training units.

(h) Class 1 water distribution and wastewater collection system operators - 1.2 training units.

(i) Small water system operators – 1.8 training units.

(j) Small wastewater system operators – 1.8 training units.

(k) Transient non-community water system operators – 1.2 training units.

**** YOU MAY KEEP THIS PAGE FOR YOUR INFORMATION ****