



**STATE OF DELAWARE**  
**DEPARTMENT OF NATURAL RESOURCES**  
**& ENVIRONMENTAL CONTROL**  
**DIVISION OF WATER RESOURCES**

Board of  
Certification

89 KINGS HIGHWAY  
 DOVER, DELAWARE 19901

Phone: (302) 739-9946  
Fax: (302) 739-8369

**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
Telephone Number			E-Mail Address	
License Number		License Level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OIT		Renewal Date (mm/dd/yy)
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		Telephone Number

**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, refresher and training programs related to the wastewater treatment industry totaling at least 20 hours of continuing education training.**

**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**

Please make checks payable to **Division of Water Resources**  
 Renewal ~ \$50.00\*                      Surcharge for Late Renewal ~ \$15.00\*  
*\*fee is 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 certificate issued.

_____ Operator's Signature	_____ Date
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Please mail **Application for Renewal**, **Continuing Education Training Certificates** and **Payment** to

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

**BOARD OF CERTIFICATION USE  
 DO NOT COMPLETE**

REMARKS REFERENCE RENEWAL OF LICENSE

_____ Attest for the Board of Certification	_____ Date
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