

**Renewal Application for WD and Class I-IV Water Operators**

(5/07)

**SUBMIT THIS FORM AND REQUIRED CEH CERTIFICATE COPIES  
AT LEAST 30 AND NO EARLIER THAN 60 DAYS PRIOR TO EXPIRATION**

Full Name: \_\_\_\_\_ **Check one:** I am renewing my WD \_\_\_\_, Class I \_\_\_\_, Class II \_\_\_\_, Class III \_\_\_\_, or Class IV \_\_ certificate.

Home Mailing Address: \_\_\_\_\_ Telephone Numbers (work): \_\_\_\_\_ (home): \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Water System Where Employed: \_\_\_\_\_

**Please list course information below and keep your original certificates for your records. If additional space is needed, please attach an additional sheet listing required information.**

Course Title	Approved CEH #	Course Sponsor	Length of Class (Hours)	Date(s) attended

**Application must be signed to be processed!**

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

Mail or fax application packet to:  
OEHS—EED  
Certification & Training Unit  
Capitol and Washington Streets  
1 Davis Square, Suite 200  
Charleston, WV 25301

Phone: (304) 558-6988  
Fax: (304) 558-4322

**For Office Use Only**

APPROVED / DENIED FOR RENEWAL BY: \_\_\_\_\_

DATE: \_\_\_\_\_