

Renewal Application for WD and Class I-IV Water Operators

(05/10)

**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: _____ Date of Birth _____

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
 350 Capitol Street, Room 313
 Charleston, West Virginia 25301-3713
 Phone: (304) 558-6988
 Fax: (304) 558-4322

For Office Use Only

APPROVED / DENIED FOR RENEWAL BY: _____

DATE: _____