



**STATE OF NEW HAMPSHIRE**  
**APPLICATION FOR RENEWAL OF CERTIFICATION**  
**WASTEWATER TREATMENT FACILITY OPERATOR**

Read carefully all instructions and questions. Incomplete or improperly prepared applications will be returned. This program is conducted in accordance with Env-Wq 304, Certification of Wastewater Treatment Plant Operators, adopted by the New Hampshire Department of Environmental Services effective August 1, 2013.

**NOTE: A \$50.00 fee is required for a two-year renewal.** Please make check or money order payable to Treasurer - State of New Hampshire. **Lack of payment will prohibit processing.** If the renewal application with full payment is not received prior to the certification's expiration, the certification can still be renewed by submitting the application, renewal fee, and an additional late fee of \$25. **After 90 days, the certification is expired and recertification will require a completely new application and retaking the examination.**

**PLEASE TYPE OR PRINT CLEARLY**

1. Applicant Name: \_\_\_\_\_  
Last First Middle
2. Mailing address: \_\_\_\_\_  
Street Address Town/City State Zip code  
 Daytime Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_
3. Current Certification Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. Current Facility of Employment, if any: \_\_\_\_\_
5. Current Title: \_\_\_\_\_
6. Are you certified in any other jurisdiction?  Yes  No
7. Has your certification, whether in NH or elsewhere, ever been suspended or revoked?  Yes  No  
 If so, has the certification been reinstated or otherwise reacquired?  Yes  No
8. List training and educational courses completed since last license renewal. Use back side of form if additional room is needed.

**VERIFICATION MUST BE PROVIDED FOR ALL COURSES**

Date(s)	Instructor/Location	Course Name / Training Subject	Hours	Credits	CEUs
					=
					=
					=
					=

**NOTE: 1.0 CEU required to renew Grades I & I-OIT; 2.0 CEUs required to renew Grades II and above**

**Excess CEUs may carry forward to next renewal period only, for up to 50% of required CEUs**

I hereby certify that the information provided on this application is true, complete, and not misleading to the best of my knowledge. I understand that the submission of false, incomplete, or misleading information is grounds for denying my application or revoking any certification that is issued to me based on the information, and that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements. If certification is granted, I agree to comply with NH Code Admin. Rules Env-Wq 304.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** CEUs Needed: \_\_\_\_\_ CEUs Obtained: \_\_\_\_\_ CEU(s) Carry-Over: \_\_\_\_\_

New Address?  Yes  No Renewal Issued Date: \_\_\_\_\_ Initials: \_\_\_\_\_

