



**RENEWAL APPLICATION  
OPERATOR CERTIFICATION BOARD  
C/O Mail Room  
3211 Albert St.  
Regina, SK S4S 5W6**

Operator Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different than previous) Phone #: \_\_\_\_\_ Community of Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_

Please indicate your current level and area of certification:

Water Treatment	1	2	3	4
Water Distribution	1	2	3	4
Wastewater Treatment	1	2	3	4
Wastewater Collection	1	2	3	4
Small System	X			
Small Wastewater System	X			

Please record the workshops/courses you have attended during your two-year certification term and attach copies of the certificates.

**NOTE: You must attach copies of your CEU certificates or your renewal will not be reviewed.**

Course/Workshop:	CEU:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OFFICE USE ONLY**  
Applied toward Renewal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

