

**DO NOT WRITE IN THIS SPACE**

Date  
Received: \_\_\_\_\_  
Certification  
Type: \_\_\_\_\_

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

**STATE OF NEVADA  
BUREAU OF SAFE DRINKING WATER  
APPLICATION FOR RENEWAL OF  
WATER DISTRIBUTION/TREATMENT OPERATOR CERTIFICATE**

**INSTRUCTIONS**

- ❑ Complete application and attach continuing education verification information.

Submit to Bureau of Safe Drinking Water, 901 S. Stewart Street, Ste 4001, Carson City, NV 89701 with the renewal fee attached, or copy of e-payment receipt from: <https://epayments.ndep.nv.gov/ePayLogin.aspx>.

**If using e-payment**, please use the link to **“Pay an Invoice or Recurring Fee.”** and then **“Safe Drinking Water, Operator Certification.”** **Please put your personal information in the areas that ask for your employer information, then the receipt will be in your name and we will know who the fees are for.**

**We accept and encourage you to sign, scan and email your application. Applications can be printed from : [http://ndep.nv.gov/bsdw/cert\\_home.htm](http://ndep.nv.gov/bsdw/cert_home.htm)**

- ❑ Please direct technical questions to the Bureau of Safe Drinking Water, Operator Certification, Kelly McGowan, 775-687-9527 or [kmcgowan@ndep.nv.gov](mailto:kmcgowan@ndep.nv.gov), and administrative questions to: Nan Paulson, (775) 687-9447 or [npaulson@ndep.nv.gov](mailto:npaulson@ndep.nv.gov).

- ❑ ***THIS DOCUMENT MUST BE RETURNED. PLEASE KEEP A COPY OF ALL SUBMITTED DOCUMENTS.***

**APPLICATION REVIEW FEES ARE NOT REFUNDABLE**

Renewal Applications are accepted from  
September 1 through December 31<sup>st</sup>.

**Renewal fee is \$30.00**

Reinstatements are accepted from January 1st  
through June 30<sup>th</sup>.

**Reinstatement fee is \$100.00**

Are you a contract operator? YES  or NO

Except as bound by the Freedom of Information Act, do you want BSDW to try and keep your contact information confidential? (Checking “Yes” will limit the number of professional notifications you receive from outside parties such as training providers, vendors or recruitment firms.) YES  or NO

FULL or OIT \_\_\_\_\_ Your Operator I.D. # OP \_\_\_\_\_  
Circle one                      GRADE    ID# is on your invoice

PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR RENEWAL CARD

ADDRESS NUMBER

STREET NAME

APARTMENT NUMBER

CITY

STATE

ZIP

EMAIL ADDRESS

(WORK)

(EXTENSION)

(HOME)

(CELL)

**Grades I and II = 5 contact hours, Grades III and IV = 10 contact hours; Safety Training = 2.5 hours MAXIMUM**

Please visit our website at: [http://ndep.nv.gov/bsdw/cert\\_home.htm](http://ndep.nv.gov/bsdw/cert_home.htm) for other valuable Operator Certification information, such as how to accurately complete an application, testing information, etc.

To help with concerns you might have regarding NDEP’s receipt of your application packet, please consider checking with your bank to see if NDEP cashed your check or if your E-Payment was successful, send your packet Certified Mail, or, if emailing, request a Delivery Receipt prior to sending.

**NAME OF COURSE CONTENT SUMMARY** (Use additional sheets if necessary, and be sure to sign this page.)

NAME: _____	<b>TOTAL HOURS OF ATTENDANCE</b>  _____
DATE(S): _____	
LOCATION: _____	
INSTRUCTOR: _____	
INSTRUCTOR'S TITLE/EMPLOYER: _____	

NAME: _____	<b>TOTAL HOURS OF ATTENDANCE</b>  _____
DATE(S): _____	
LOCATION: _____	
INSTRUCTOR: _____	
INSTRUCTOR'S TITLE/EMPLOYER: _____	

NAME: _____	<b>TOTAL HOURS OF ATTENDANCE</b>  _____
DATE(S): _____	
LOCATION: _____	
INSTRUCTOR: _____	
INSTRUCTOR'S TITLE/EMPLOYER: _____	

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE LEGIBLY PRINT NAME: \_\_\_\_\_

**NOTE: YOU MUST CHECK THE YES OR NO BOX BELOW OR YOUR APPLICATION WILL BE REJECTED!**

**Yes**  **No** Have you ever been in violation of any of the provisions contained in Nevada Administrative Code 445A.646? If yes, please explain on an attached sheet. (Click on NAC 445A.646 or visit our website at: [www.ndep.nv.gov/bsdw](http://www.ndep.nv.gov/bsdw). Click on "Regulations", then NAC Water Controls and scroll down to NAC 445A.646 – "Denial of Application...:Grounds")

One contact hour equals one hour of continuing education experience under responsible sponsorship, capable directions and qualified instructions.

Credit for continuing education is granted for participation in a training course that has been preapproved by the Bureau of Safe Drinking Water with verification of attendance. Alternately, the Bureau of Safe Drinking Water may grant continuing education for attendance in a course, if the course is relevant to the operation and maintenance of water treatment or water distribution. Verification for attendance at a non-preapproved course must include course syllabus, instructor's name, instructor's title, instructor's address, length of course (hours), location of course, and a copy of the attendance list or letter from instructor verifying attendance.