

**DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ Certification Type: \_\_\_\_\_  
Fee Amount: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Check #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Date Renewal Card Sent: \_\_\_\_\_

**STATE OF NEVADA  
BUREAU OF SAFE DRINKING WATER  
APPLICATION FOR RENEWAL OF  
WATER DISTRIBUTION/TREATMENT OPERATORS 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>

- ❑ For this renewal cycle, questions should be directed to the Bureau of Safe Drinking Water, 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.***

**FEEES ARE NOT REFUNDABLE**

Renewal Applications are accepted from  
October 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**

Public Water System Name/I.D. # \_\_\_\_\_  
(current employer if other than P.W.S.)

Type & Grade: \_\_\_\_\_  
example: FULL or Operator In Training (OIT) D-2

Full Name: \_\_\_\_\_  
PRINT FULL NAME

**MAILING**

Address: \_\_\_\_\_  
ADDRESS NUMBER STREET APARTMENT NUMBER

CITY STATE ZIP EMAIL ADDRESS

Telephones: \_\_\_\_\_  
(WORK) (HOME) (CELL)

Continuing Education Units (1 CEU = 10 contact hours) Grades I and II = 5 contact hours  
Grades III and IV = 10 contact hours

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 form instructor verifying attendance.

**NAME OF COURSE CONTENT SUMMARY**

(Use additional sheets if necessary)

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

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

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

**APPLICANT SIGNATURE:** \_\_\_\_\_

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

<b>CONTINUING EDUCATION APPROVAL</b>	<b>FOR OFFICIAL USE ONLY</b>
<b>Number of Contact Hours:</b> _____	
<b>Approval Signature:</b> _____ <small>Today's Date</small>	