

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

INSTRUCTION FOR APPLICANTS

- Applications and FAQs can be found on NDEP BSDW's website at: <https://ndep.nv.gov/water/operator-certification/drinking-water/applications>

PLEASE CHECK THE FOLLOWING BEFORE SUBMITTING APPLICATION

- ☐ **NO BLANKS** – If the question does not pertain to you, mark it as 'N/A' (Incomplete applications may not be accepted).
 - ☐ Ensure that all required documentation accompanies this renewal application.
Grades I/II = 7 total contact hours (TCH); Grades III/IV = 14 total contact hours (TCH)
Safety Training = 2.5 hours MAXIMUM
 - ☐ CEU certificates
 - An operator will only need to obtain continuing education requirements for their highest grade
 - An operator who holds certificates for both distribution and treatment must comply with the respective requirements for continuing education for each type of certificate
 - Example A: Operator renewing D2 Full and D3 OIT – **14** TCH's required (for D3 being highest Cert)
 - Example B: Operator renewing D3 Full, T1 Full, and T2 OIT – **21** TCH's required (D3, T2 highest Cert)
 - ☐ If renewing certificates for both types, Distribution and Treatment, please mark which TCH's correspond with which certifications.
 - ☐ Submit the appropriate fee for EACH certification applying for.
 - ☐ If renewing multiple certifications, please make sure appropriate fee is submitted with application
Example C: Operator renewing D1 F and D2 OIT owes (\$45 x 2) = \$90
 - ☐ Make all checks payable to the **BUREAU OF SAFE DRINKING WATER** or **BSDW**
 - ☐ **IMPORTANT: If using e-payment**, please create your login using your personal information, not your Employer's at: <https://epayments.ndep.nv.gov/>. Please use the link to **"Pay an Invoice or Recurring Fee,"** and then **"Safe Drinking Water, Operator Certification."** Please put your personal information in any area that asks for your Company's information, then the receipt will be in your name, and we will know who the fees are for. Applications still must be emailed, faxed, or completed online if using e-pay.
 - ☐ Ensure all appropriate boxes are checked.
 - ☐ Ensure application is signed and dated.
 - ☐ Submitting application
 - ☐ If emailing, attach e-payment confirmation sheet, email to opcert@ndep.nv.gov
 - ☐ If faxing, please fax to 775-687-5699
 - ☐ If mailing
NDEP BUREAU OF SAFE DRINKING WATER
901 SOUTH STEWART STREET, SUITE 4001
CARSON CITY, NEVADA 89701
 - ☐ **PLEASE KEEP A COPY OF YOUR SUBMITTED DOCUMENTS FOR FUTURE REFERENCE or if they get lost in the mail.**
- For administrative questions, please contact Rachel Weingart at 775-687-9519 or rweingart@ndep.nv.gov
 - For technical questions, please contact Max Sosa at 775-687-9527 or msosa@ndep.nv.gov

STATE OF NEVADA
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Print your name clearly, as you wish it to appear on your certificate: _____

Mailing Address: _____
 Address Number Street Apt. Number
 City State Postal (Zip) Code

Telephone: (____) _____ (____) _____ (____) _____
 HOME WORK MOBILE EMAIL ADDRESS

Supervisor: _____
 Name Phone Number

Public Water System: _____
 Name PWS ID

Public Water System: _____
 (Attach more sheets if necessary) Name PWS ID

APPLICATION REVIEW FEES ARE NOT REFUNDABLE

Renewal Applications are accepted from
 September 1 through December 31st.

Reinstatements are accepted from
 January 1 through June 30th.

Renewal fee is \$45.00

Reinstatement fee is \$145.00

Operator I.D. # OP _____

CIRCLE all desired certifications for Renewal:

DISTRIBUTION	GRADE 1		GRADE 2		GRADE 3		GRADE 4	
	OIT	FULL	OIT	FULL	OIT	FULL	OIT	FULL
TREATMENT	GRADE 1		GRADE 2		GRADE 3		GRADE 4	
	OIT	FULL	OIT	FULL	OIT	FULL	OIT	FULL

Amount Due: _____
 (Renewal Fee X Number of Certs being renewed)

YOU MUST CHECK THE "YES" OR "NO" BOXES BELOW OR YOUR APPLICATION MAY BE DENIED!

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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Contract Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Military Service? If Yes, MOS# _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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. (Visit our website at: https://ndep.nv.gov/water/drinking-water/new-water-systems/regulations . Click on "State Regulations", then NAC Water Controls and scroll down to NAC 445A.646 – "Denial of Application: Grounds")	<input type="checkbox"/> Yes <input type="checkbox"/> No

Operator Name: _____

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Active operator certification status and expiration dates are posted on our webpage at
<https://ndep.nv.gov/water/operator-certification/drinking-water/operator-resources>

Grades I and II = 7 contact hours, Grades III and IV = 14 contact hours
Safety Training = 2.5 hours MAXIMUM

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

If attaching a transcript or list of classes from an approved training facility, you may write, "**See attached**"

NAME: _____	CERTIFICATION _____ TOTAL CONTACT HOURS OF ATTENDANCE _____ _____
DATE(S): _____	
LOCATION: _____	
INSTRUCTOR: _____	
INSTRUCTOR'S TITLE/EMPLOYER: _____	

NAME: _____	CERTIFICATION _____ TOTAL CONTACT HOURS OF ATTENDANCE _____ _____
DATE(S): _____	
LOCATION: _____	
INSTRUCTOR: _____	
INSTRUCTOR'S TITLE/EMPLOYER: _____	

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

I have carefully read the application instructions. I understand that my fee is **NON-REFUNDABLE** and is **NON-TRANSFERABLE**. I certify that the information provided, including attachments, is true and accurate. If this information is found to be untrue or inaccurate, I am aware that my certification may be suspended or revoked.

PRINT NAME: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

I am aware that there are significant penalties for attesting to false information