

**STATE OF NEVADA, BUREAU OF SAFE DRINKING WATER
CERTIFICATION RENEWAL CYCLE INFORMATION**

When you renew, **ensure your application is complete.** You **must** submit:

- 1) The Renewal Application;
- 2) A check for \$40 or a properly processed e-payment receipt (attach it or write the confirmation number on front of application); and
- 3) Copies of certificates for contact hours earned during the two year cycle in which the certificate was in force.

If you are using the e-payment system, these documents must be e-mailed on the same day.

Please, make sure the application is filled out **completely** (signed/dated, and yes/no legal question answered on the second page). Please include a current e-mail address on the application.

A few notes to make processing your application faster:

1. Fill out both pages of the application. Be sure to **sign and date** the second page.
2. The “yes/no” question on the second page regarding compliance with NAC 445A.646 **must** be answered.
3. Submit copies of certificates from contact hours earned during the two year cycle in which the certificate was in force.
4. Contact hours are required for highest active certificate for each classification (must obtain contact hours for Distribution and Treatment separately). For example, if you hold a Full D-1 and an OIT D-2, only 5 contact hours are required for renewal for your Distribution certificates.
5. D1, D2, T1, and T2 operators are required to submit 5 hours of preapproved training certificates for **each** certificate they intend to renew. D3, D4, T3, and T4 operators are required to submit 10 hours of preapproved training certificates for **each** certificate they intend to renew. Contact or training hours **are not** transferrable to more than one certificate renewal.
6. Submit your application **early**, we tend to get a lot of “procrastinators” and get swamped the last week in December. Early applicants will get processed more quickly. If we need clarification, we will strive to contact you prior to the deadline date. If you wait to submit until December and we find your application to be non-approvable, you risk having to reinstate with penalty costs incurred.
7. **YOU** should review your application for completeness/accuracy before you sign it, especially if someone else filled it out for you. **Your operator certification is a license to work.** It only takes a few minutes to review your application to make sure it is accurate and complete.

What to expect after you submit your renewal application:

Per Nevada Administrative Code 445A.6293.3, we are required to provide a renewal card by January 30th. The number of operator certificates has increased significantly since these regulations were written and we will do our best to issue renewal cards on time. We will produce a mass mailing of all the wallet cards at one time.

We ask that you please be patient. If cards are not mailed by the end of January, we will update our webpage with an estimated date for delivery.

Throughout the year, you can find valuable information on the Bureau of Safe Drinking Water’s website at <https://ndep.nv.gov/water/operator-certification/drinking-water> as well as on your website for the Nevada Water & Wastewater Operator’s Forum at <http://ndep.nv.gov/dwo/index.html>.

Help us to help you get your renewal cards on time! Get your applications in early! Don’t risk being denied because we need more information!

Max Sosa, msosa@ndep.nv.gov, 775-687-9527

Rachel Weingart, rWeingart@ndep.nv.gov, 775-687-9519

Applications can be e-mailed to OpCert@ndep.nv.gov

DO NOT WRITE IN THIS SPACE

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. Mailed applications should be sent 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/> If using E-Pay, completed applications may be scanned and e-mailed to OpCert@ndep.nv.gov.

IMPORTANT: If using e-payment, please create your login using your personal information, not your Employer's. 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 information. then the receipt will be in your name and we will know who the fees are for.** Applications must be emailed or faxed if using e-pay. Scanned applications should be one single document (not 10 separate pages, please). Applications can be printed from : <https://ndep.nv.gov/water/operator-certification/drinking-water>. Do not double side copies or your information may end up missing.

For technical questions, please contact Max Sosa, 775-687-9527 or msosa@ndep.nv.gov
For administrative questions please contact: Rachel Weingart, (775) 687-9519 or rweingart@ndep.nv.gov

PLEASE KEEP A COPY OF ALL SUBMITTED DOCUMENTS.

APPLICATION REVIEW FEES ARE NOT REFUNDABLE

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

Renewal fee is \$40.00

Reinstatements are accepted from January 1st
through June 30th.

Reinstatement fee is \$140.00

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) SUPV NAME & NUMBER (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: <https://ndep.nv.gov/water/operator-certification/drinking-water> for other valuable Operator Certification information.

Operator Name: _____
Print name legibly please

Page ____ of ____

If attaching a transcript or list of classes from an approved training facility, you may write, "see attached"
NAME OF COURSE CONTENT SUMMARY, and be sure to sign this page.)

(Use additional sheets if necessary)	TOTAL HOURS OF ATTENDANCE _____
NAME: _____	
DATE(S): _____	
LOCATION: _____	
INSTRUCTOR: _____	
INSTRUCTOR'S TITLE/EMPLOYER: _____	

NAME: _____	TOTAL HOURS OF ATTENDANCE _____
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.
To review the content of Nevada Administrative Code (NAC) 445A.646: Click here: [NAC 445A.646](#), or visit our website at: <https://ndep.nv.gov/water/operator-certification/drinking-water>. Click on "Regulations", then NAC Water Controls and scroll down to NAC 445A.646 – "Denial of Application: Grounds".

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.

Active Military? Yes No MOS# _____

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.

Current certification status is posted, for all active certificates, on our webpage at <https://ndep.nv.gov/water/operator-certification/drinking-water/operator-resources>

Name: _____

Page _____ of _____

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YOU DO NOT HAVE TO PRINT THIS PAGE IF YOU DO NOT USE IT.

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

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