

RETURN APPLICATION TO:

DEQ
WATER QUALITY DIVISION
OPERATOR CERTIFICATION
PROGRAM

811 SW Sixth Avenue
Portland, OR 97204-1390
(503)229-5161 * 1-800-452-4011



State of Oregon
Department of
Environmental
Quality

Application For
Operator Certificate
Document
Replacement

DEQ USE ONLY:

L2K Receipt No.: _____
Application No.: _____
Amount Received: _____
Date Received: _____
Check No.: _____

NOTES:

Applicant: (Please print legibly)

Name: _____
(Last) (First) (Middle)

Mailing Address: _____ Last Four Digits SSN: _____

(City) (State) (Zip Code)

Employer: _____ Phone (work): (____) _____

E-mail: _____ Phone (home): (____) _____

Is this a change of mailing address or contact information? Yes No

Certificate Type and Grade: (Mark as appropriate for this application)

						<u>Document</u>				
						<u>Fee</u>				
<input type="radio"/>	Wastewater Collection:	<input type="radio"/>	Grade I	<input type="radio"/>	Grade II	<input type="radio"/>	Grade III	<input type="radio"/>	Grade IV	<u>\$30.00</u>
<input type="radio"/>	Wastewater Treatment:	<input type="radio"/>	Grade I	<input type="radio"/>	Grade II	<input type="radio"/>	Grade III	<input type="radio"/>	Grade IV	<u>\$30.00</u>
<input type="radio"/>	Validation Card:	<input type="radio"/>	yes	<input type="radio"/>	no					<u>NC</u>
										Total: _____

Applicant Signature (required below):

(Signature of Applicant)

(Date)

- Application Checklist:
1. _____ Application fee payable to "Department Environmental Quality";
 2. _____ Signatures and date (applicant);
 5. _____ Keep a copy of this application for your records, and
 6. _____ Mail application and fee to:

DEQ, Business Office
811 SW Sixth Avenue
Portland OR 97204