



**Operator Certification Renewal | Drinking Water Services**  
Phone 971-673-0321 | Fax 971-673-0694 | [dws.opcert@dhsosha.state.or.us](mailto:dws.opcert@dhsosha.state.or.us)

**The renewal application and fee payment must be completed by December 31**

Late renewals, received after January 31<sup>st</sup>, will be subject to an additional \$50 reinstatement fee

**Operator Name:** \_\_\_\_\_ **Cert#(s):** \_\_\_\_\_ **Level(s):** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer(s):** \_\_\_\_\_ **PWS ID#: 41-** \_\_\_\_\_

☐ I am retired or ☐ I am no longer working

**Renewal Fee:**

☐ One certification \$140.00

☐ Two certifications \$210.00

*(There is no renewal for the FE)*

The renewal fee was paid by: ☐ Applicant ☐ Employer

**Pay by credit card:** Pay by credit card online at: <https://bit.ly/OpCertPayment>

Sign and send all documents by **Mail:** DWS – OpCert; PO Box 14450; Portland, OR 97293,

**Email:** [dws.opcert@dhsosha.state.or.us](mailto:dws.opcert@dhsosha.state.or.us) or **Fax:** 971-673-0694 Attn: OpCert

**Pay by check:** Make checks payable to: **OHA Cashier**. Sign and send all documents to: OHA Cashier; PO Box 14260; Portland, OR 97293

☐ I have completed the CEU Self-Certification form and attached it to this renewal, or

☐ I am a newly certified operator this year. (Do not complete the Self-Certification form).

I certify that I have completed the required 2 CEUs in accordance with OAR 333-061-0260 and have attached the completed CEU self-certification form.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Sign up for Drinking Water Email Alerts! Go to [www.healthoregon.org/dws](http://www.healthoregon.org/dws) and click on the ‘**Subscribe to Email Alerts**’ button!

**Instructions:** Complete this form and submit with your operator certification renewal packet. You may be selected for an audit in March of the upcoming year, at which point you will need to submit certificates for all the below listed training.

**Date:** \_\_\_\_\_ **Certification #(s):** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Please only enter CEU's obtained for this renewal period.

Date of Activity	Provider and Location	Name of Training	Technical, Managerial, Financial, Discretionary	OESAC#	Contact Hours

**Hour Totals**

Technical	
Managerial	
Financial	
*Discretionary	
<b>TOTAL</b>	

\*Discretionary training may not exceed 4 contact hours per certification period (.4)

By signing below, I affirm that I am familiar with the requirements identified in OAR 333-061-0260 governing certification as a Water Treatment / Distribution Operator in Oregon, and that I have obtained the required amount of acceptable CEUs within the certification period as required.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_