



Operator Certification Renewal | Drinking Water Services
Phone 971-673-0321 | Fax 971-673-0694 | dws.opcert@odhsoha.oregon.gov

The renewal application and fee payment must be completed by December 31st.
Renewals received after January 31st will be subject to an additional \$50 reinstatement fee.

Operator Name _____ **Cert#(s)** _____ **Level(s)** _____

Work Phone # _____ **Cell Phone #** _____

Home Phone # _____

Work Email Address _____

Personal Email Address _____

Mailing Address _____ Work
_____ Home

City _____ **State** _____ **Zip** _____

Employer(s) _____ **PWS ID# 41-** _____

I am not renewing my certification(s) Retired
 No longer needed

Renewal Fee

- One certification \$140
 - Two certifications \$210
 - Reinstatement fee \$50
- No renewal fee for FE*
- Fee paid by** Applicant
 - Employer

Pay fee by credit card online at <https://bit.ly/OpCertPayment>
Sign and email renewal documents & online payment receipt to dws.opcert@odhsoha.oregon.gov

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

CEU Self-Certification Form. Select one of the following:

- Completed CEU Self-Certification form is attached it to this renewal.
- Newly certified operator (first renewal). DO NOT COMPLETE THE SELF-CERTIFICATION FORM.

Certify & Sign I certify all information on this renewal application and attached document is accurate.

Printed Name _____

Signature _____ Date _____



**Oregon Health Authority | Drinking Water Services
Treatment & Distribution Operator
CEU Self-Certification**

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

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	
TOTAL	

*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 _____