

**Drinking Water Program-Operator Certification
Document Replacement Application Form**

DWP Revenue Code: 71100-70211-2155

Applicant: (Please print legibly)

Certification #: _____

Name: _____
 (Last) (First) (MI)

Mailing Address: _____ Home Phone No.: _____
 (Address)
 (City/State/Zip)

Social Security No.: _____

Employer: _____ Work Phone No.: _____

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

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

Wall Certificate Wallet Card Certificate

		Doc Fee
Certificate No.: _____	DW Distribution <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4	<u>\$25.00</u>
Certificate No.: _____	DW Treatment <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4	<u>\$25.00</u>
<input type="checkbox"/> Filtration Endorsement certificate		<u>\$25.00</u>

Total \$ _____

Applicant Signature Required: _____ Date: _____
 (Signature of Applicant)

- Application Checklist: 1. _____ Application fee payable to DHS/State Public Health
 2. _____ Applicant Signature **(Required)** and Date
 3. _____ Keep a copy of this application for your records
 4. _____ Mail application and fee to:

Cashier/DHS
 PO Box 14260
 Portland, OR 97293-0260