



AHENSIAN PRUTEKSION LINA'LA GUÁHAN

LOURDES A. LEON GUERRERO, GOVERNOR OF GUAM • JOSHUA F. TENORIO, LIEUTENANT GOVERNOR OF GUAM
WALTER S. LEON GUERRERO, ADMINISTRATOR

Water and Wastewater Operator's Certification Renewal Application Form

Instructions:

Complete all blanks on the document and submit this application to the One Stop Office located at the DPW Building in Upper Tumon with the appropriate fee (\$15 per renewal term) and other required documents listed below:

Required Documents:

- Completed Renewal Application
- Email picture for ID to julie.mendoza@epa.guam.gov
- Copy of Expired Operators Certification

Information about the Applicant:

Name and Title of Applicant: _____

Mailing Street Address: _____

Village: _____ Zip Code: _____ Last four # of SSN _____

Email: _____

Home Phone#: _____ Cell Phone #: _____ I-Connect #: _____

Information about the Applicant's Employer:

Name of Company/Agency: _____

Mailing Street Address: _____

Village: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Job Responsibilities: _____

Type of Renewal	Level Certified	Place of Issuance	Date Issued	Expiration Date
Water Distribution System				
Water Treatment Plant				
Wastewater Collection System				
Wastewater Treatment Plant				

SIGNATURE OF APPLICANT

I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Administrator, or his representative, for the purpose of issuance of a certificate of competency for the class of operator's certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission to any required examination applied or revocation of any certificate granted. I further consent to a thorough investigation by the Administrator, or his representative, of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Printed Name: _____

Signature: _____

Date: _____

DO NOT WRITE IN THIS SPACE – GUAM EPA USE ONLY!

Approved: _____

Disapproved: _____

Education: _____

Years of Experience: _____

Examination Grade: _____

Training Credits: _____

Level: _____

Certification Approved For: _____

Expiration Date: _____

Previous Application Approved: _____