



Drinking Water Services-Operator Certification Document Replacement Form

DWP Revenue Code: 50204-51062-2155

Fill out form completely. Please print legibly

Certification #: _____ Social Security No.: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Email: _____

Employer: _____ Work Phone #: _____

Is this a change of mailing address? Yes No

Is this a change of contact information? Yes No

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

Wall Certificate Wallet Card Certificate

Certificate #: _____ DW Distribution: Grade: 1 2 3 4 **Fee** \$25.00

Certificate #: _____ DW Treatment: Grade: 1 2 3 4 \$25.00

Filtration Endorsement certificate \$25.00

Total\$ _____

Applicant Signature: _____ **Date:** _____

- Application Checklist:
- Application fee payable to DHS/State Public Health
 - Applicant Signature & Date (**Required**)
 - Keep a copy of this application for your records
 - Make check out to **OHA Cashier**
 - Mail application and fee to: **OHA Cashier**
PO Box 14260
Portland, OR 97293-0260