DWS Operator Certification
Address Change Form

Instructions: Complete this form if your address has changed. Mail completed form to:
Operator Certification Coordinator
PO BOX 14450
Portland, OR 97293

Previous Mailing Address

Name: _____

Address: _____

City: _____ State: _____Zip: _____

Phone #: _____ Email: _____

New Mailing Address

Name: _____

Address: _____

City: _____ State: _____Zip: _____

Phone #: _____ Email: _____