



OPERATOR CERTIFICATION RENEWAL APPLICATION

General Information

- Refer to the *Guideline for Water and Wastewater Operator Certification Certificate Renewal* for additional information.
- For training not included on the pre-approved list please provide information as described in the certificate renewal guidelines or *Course Approval Form*, also available on our website. Alternatively, training certificates can be submitted in place of this information if the CEU value and date of the session are clearly indicated.
- Completed approval forms may be returned to: Operator Certification Administrator, Nova Scotia Environment, PO Box 442, Halifax, NS B3J 2P8 or they may be faxed to (902) 424-0501.
- Inquires may be directed to (902) 424 – 3600.
- Nova Scotia Environment will only collect, use, and disclose personal information in keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act (FOIPOP)*.

Certificate Renewal

Certificate Title	Certificate Number	Expiry Date	Fee
Water Treatment			\$56.10
Water Distribution			\$56.10
Wastewater Treatment			\$56.10
Wastewater Collection			\$56.10

Operator Personal Information

First Name		Middle Initial	Last Name	
Certificate Number		Telephone Number		Fax Number
Mailing Address				Postal Code
City		Province		
Employer				
Job Title				
Facility you operate			Are you in overall DRC of this facility?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Attach documentation*

Summary of Practical Training			
Training Provider/ Instructor's Name and Phone Number	Topic(s) of Training (include course name if applicable)	Duration (Hours)	Date of Training Session

Operator Authorization	
By signing I certify that all information contained in this application is true and I understand that it is an offence to provide false information in accordance to Section 158 b of the Nova Scotia Environment Act.	
Signature: _____	Date: _____

