

## OPERATOR CERTIFICATION RENEWAL APPLICATION

### APPLICATION INSTRUCTIONS

1. In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Nova Scotia Environment will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.
2. Information regarding operator certification including certification renewal can be found on our website at: <http://novascotia.ca/wwoc>.
3. The renewal fee of \$61.15 must be paid for each certificate to be renewed. Renewed certificates will not be issued until payment is received. Please pay by cheque or money order made payable to "Nova Scotia Minister of Finance". Payment by cash or credit card is not accepted.
4. Please send completed applications to: Operator Certification Administrator C/O Sandra Hartley, Nova Scotia Environment, PO Box 442, 1894 Barrington St., Suite 1800, Halifax, NS B3J 2P8. Alternatively, you may fax to (902) 424-1080 or Scan and email to [wwoc@NovaScotia.ca](mailto:wwoc@NovaScotia.ca)
5. Inquiries may be directed to 902-225-5037 or 902-424-2553.

### OPERATOR INFORMATION

FIRST NAME		MIDDLE NAME OR INITIAL		LAST NAME	
MAILING ADDRESS				CITY/TOWN/COMMUNITY	
PROVINCE	POSTAL CODE	EMAIL			
HOME NUMBER	MOBILE NUMBER	WORK NUMBER	FAX NUMBER		
EMPLOYER			JOB TITLE		
FACILITIES YOU OPERATE			START DATE (m/y)	ARE YOU OVERALL DRC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### CERTIFICATE(S) TO BE RENEWED

WATER TREATMENT	WATER DISTRIBUTION	WASTEWATER TREATMENT	WASTEWATER COLLECTION
CERTIFICATE NUMBER	CERTIFICATE NUMBER	CERTIFICATE NUMBER	CERTIFICATE NUMBER
EXPIRY DATE	EXPIRY DATE	EXPIRY DATE	EXPIRY DATE

**SUMMARY OF FORMAL CONTINUING EDUCATION UNITS ACQUIRED**  
(ATTACH DOCUMENTATION)

COURSE NAME	COURSE PROVIDER	CEUs	COURSE DATE

**SUMMARY OF PRACTICAL TRAINING  
(ATTACH DOCUMENTATION)**

TRAINING PROVIDER OR INSTRUCTOR'S NAME AND PHONE NUMBER	TOPIC OF TRAINING (INCLUDE COURSE NAME IF APPLICABLE)	DURATION (HOURS)	DATE OF TRAINING SESSION

**DECLARATION OF APPLICANT**

I hereby certify with my signature that all information contained in this application is true and correct. 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