

Form EW-126 (May 2012)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capital Street Room 313
Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only
Date Received: ____/____/____
Staff Lead: _____
<input type="checkbox"/> Not a complete submission & returned

Request for Certification Reinstatement

**Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable or not available.**

Application Date (mm/dd/yy): ____/____/____ Date of Birth (mm/dd/yy): ____/____/____
First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____ Home Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____

WV certification(s) previously held & requesting reinstatement for:

- Public Water System Operator
Classification: _____ Certification #: _____ Expiration: _____
- Public Wastewater System Operator
Classification: _____ Certification #: _____ Expiration: _____
- Water Well Driller
Classification: _____ Certification #: _____ Expiration: _____
- Pump Installer
Certification #: _____ Expiration: _____
- Backflow Prevention Assembly Installer/Tester
Certification #: _____ Expiration: _____

Reason(s) for allowing certification(s) to expire:

Any violations associated with previously held certification(s): _____

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR04 *Public Water Systems Operators*, 64CSR05 *Wastewater Systems and Operators*, 64CSR19 *Water Well Regulations* and/or 64CSR25 *Certification of Backflow Prevention Assembly Testers*.

Signature: _____ Date: _____

All C&T applications are processed in order of receipt. If you do not hear from the C&T program shortly thereafter, contact Mary Lowe at (304) 356-4335.