



**MAINE WASTEWATER OPERATOR CERTIFICATION PROGRAM
c/o NEIWPCC-JETCC**

584 Main Street, South Portland ME 04106 Tel: 207/253-8020 Fax:207/771-9028
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Wastewater Operator Change Form

Please complete this form to supply the information to update your file.

Name: _____ **Certificate No.** _____

Please check all that apply

- | | |
|-------------------------------------|---------------------------------|
| Change of Employment | Change of Home or Email Address |
| Change of Employer Address or Email | Change of Home Phone Number(s) |
| Change of Employer Phone Number(s) | Name Change |

I have retired **and/or** leaving the wastewater field and wish to **voluntarily surrender** my Maine Wastewater Operator Certificate. I understand that I will need to retake the Maine wastewater exam if I decide to reinstate my certificate. **X** _____

Please sign

Information you would like us to update:

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Employer: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Work Cell: _____

Email: _____

Additional Comments:

Use back for additional information