



**MAINE WASTEWATER OPERATOR CERTIFICATION PROGRAM
c/o NEIW PCC-MAINE**

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Certified 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 Employer Address or Email

Change of Employer Phone Number

Change of Certification Status

Change of Home or Email Address

Change of Home Phone Number

Name Change

Retired but want license to remain active *
*renewal requirements including payment of fees and obtaining TCHs will remain in effect.

I have retired or am leaving the field and wish to **voluntarily surrender** my WW Operator Certification. I understand that I will need to sit for the exam if I decide to reinstate. Please sign below:

Please sign

Information you would like us to update:

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

Employer: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Telephone: _____ Email: _____

Additional Comments:

Use back for additional information