



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

P.O. Box 487 Scarborough, ME 04070-0487 Tel: 207/253-8020 Fax:207/771-9028  
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**Certification Payment Credit Card Form**

Use this form to make a credit card payment for your  
Wastewater Operator Certification Renewal or for an Exam Application Fee.

**Identifying Information**

**Name:** \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Grade of Certification: \_\_\_\_\_

Last 4 digits of your Social Security #: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**I am paying for the following:**

License Renewal Fee ( <i>due by March 1</i> )	\$75	\$ _____
Reactivation Fee ( <i>for Inactive Operators</i> )	\$100	\$ _____
<b>CBT</b> Exam Application Fee	\$75	\$ _____
<b>Paper</b> Exam Application Fee	\$125	\$ _____
<b>Paper</b> Exam Retake Fee	\$125	\$ _____
Reciprocity Fee	\$125	\$ _____

**TOTAL CHARGE AMOUNT** \$ \_\_\_\_\_

Circle One      VISA                      MasterCard                      Discover

Credit Card #: \_\_\_\_\_

3-Digit Security Code (located on back of card) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_