



**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
www.jetcc.org info@neiwppc-jetcc.org

Operator Change of Address or Status

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

Name: _____ **Certificate No.** _____

Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Change of Employment | <input type="checkbox"/> Change of Home or Email Address |
| <input type="checkbox"/> Change of Employer Address or Email | <input type="checkbox"/> Change of Home Phone Number |
| <input type="checkbox"/> Change of Employer Phone Number | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Change of Certification Status | <input type="checkbox"/> I have Retired |

I am leaving the field and wish to voluntarily give up my WW Operator Certification. I understand that I will need to sit for the exam if I decide to reactivate. _____
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