

Form EW-126 (2018)
 Fax to: (304) 558-4322 or mail to:
 C&T Program
 350 Capitol Street Room 313
 Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only	
Date Reviewed:	___/___/___
Staff Lead:	_____
<input type="checkbox"/>	Approved as requested
<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: _____ 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 within 2-3 weeks, please follow up via email dawn.a.newell@wv.gov or call (304) 558-2981 to confirm status.