

CERTIFICATION RENEWAL APPLICATION

In order to renew your certification, you must complete all sections of this form, sign, and date. Please submit this form no later than 30 days prior to the certification expiration date. Only 1 application per Category of Certification (water, wastewater, management)

Return Completed Application to:

Inter Tribal Council of Arizona, Inc.
Tribal Water Department
2214 N. Central Avenue, Suite 100
Phoenix, Arizona 85004
Phone: (602) 258-4822
Fax: (602) 258-4825

For Official Use Only – Do not write in this space

Application Received _____

Verification of PDHs _____

- Copies Included: Yes No
- 20 PDH: Yes No
- 10 Specific PDH: Yes No

Data Base Entry _____

Complete _____

Effective February 1, 2017, the ITCA Program no longer charges any fee for Certification Renewal. If you have questions, please contact the ITCA Tribal Water Department at (602) 258-4822.

OPERATOR INFORMATION

ITCA OPERATOR ID#: _____

First Name: _____ Last Name: _____

Home Mailing Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

CATEGORY OF CERTIFICATION FOR RENEWAL (Check Only One)

Drinking Water
(VSWS, WD, WT)

Wastewater
(WWC, WWT)

Tribal Utility Management

Certification(s) for Renewal (within Category)	Certification Level	ITCA Certification Number	Date Issued <small>Month/Day/Year</small>	Date of Expiration <small>Month/Day/Year</small>

Check this box if you would like the certifications listed above to have synchronized expiration dates.
(If checked, please describe the desired synchronization)

Name: _____ Category of Certification being Renewed _____

EMPLOYMENT INFORMATION

Tribal Nation: _____

Tribal Utility Organization: _____

Job Title: _____

Work Mailing Address: _____

City, State, Zip: _____

Work Phone: (____) _____ **Work Cell Phone:** (____) _____

Work Email Address: _____

FACILITY / SYSTEM

Identify the primary facility or system that you operate on Tribal Lands (as described on your original ITCA Application for New Certification)

Name of Facility/System: _____

Have there been any significant changes made to the facility/system in the last three years that might adjust the level of the facility?

No

Yes

If yes, please describe the changes: _____

VERIFICATION OF EMPLOYMENT

Verification of Employment: I acknowledge the applicant listed on the previous page is employed by the above Tribe/Tribal Utility.

Name of Supervisor: _____

Title: _____ Phone Number: (____) _____

Email Address: _____

Signature: _____ Date: _____

Name: _____ Category of Certification being Renewed _____

PROFESSIONAL DEVELOPMENT HOURS (PDHs)

To renew your certification(s), a total of thirty (30) Professional Development Hours (ITCA-approved training contact hours) are required in the three-year period of time starting from the time of issuance of the certification. Ten (10) of the 30 PDHs must be specific to the certification being renewed.

Please list below the Training Contact Hours for which you request ITCA approval for PDH credit towards the renewal of the ITCA-certification.

Training (Title)	Dates	Location	Training Provider	# of Hours Earned
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Attach to this application all copies of Training Contact Hour proof/documents.

ACKNOWLEDGEMENT

I, the undersigned, attest that all information reported in this application are true and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts may call for the suspension or revocation of an ITCA-issued water or wastewater certification.

Signature of Applicant: _____ Date: _____