

CERTIFICATION RENEWAL

INTER TRIBAL COUNCIL OF ARIZONA, Inc. Tribal Water/Wastewater Operator Certification Program

PERSONAL INFORMATION:

Social Security Number: - - (Use third, fourth, fifth and sixth numbers of SS #)

First name: _____ Last name: _____

Work Title: _____ Sex: M__ F__

Home Mailing Address: _____

City

State

Zip Code

Home Phone: (____) _____

E-Mail Address: _____

EMPLOYMENT INFORMATION:

Work Mailing Address: _____

City

State

Zip Code

Work Phone: (____) _____

Tribe you Work For: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

WATER/WASTEWATER SYSTEM:

Facility Name: _____

Community Served: _____

Have there been changes made to the water system /facility in the last three years? Yes ☐ No ☐

If you answered yes please describe the changes: _____

Water Treatment Certificate #

Certification Level: 1 2 3 4

☐☐☐☐

Issue Date: _____
(Month/Day/Year)

Water Distribution Certificate #

Certification Level: 1 2 3 4

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Issue Date: _____
(Month/Day/Year)

Wastewater Treatment- Lagoon Certificate #

Certification Level: 1 2 3 4

☐☐☐☐

Issue Date: _____
(Month/Day/Year)

Wastewater Collection Certificate #

Certification Level: 1 2 3 4

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Issue Date: _____
(Month/Day/Year)

Wastewater Treatment-Activated Sludge Certificate #

Certification Level: 1 2 3 4

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Issue Date: _____
(Month/Day/Year)

Wastewater Laboratory Analyst or Water Laboratory Analyst
(Please Circle Certification)

Certification Level: 1

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Issue Date: _____
(Month/Day/Year)

HAVE YOU RECEIVED 30 HOURS OF PROFESSIONAL DEVELOPMENT SINCE YOUR LAST RENEWAL?

_____ **YES**

_____ **NO**

Professional Development Hours (PDH) received must equal 30 hours in a three-year period from time of issuance of the certification. Please complete the following information showing professional development hours or attach the certificates.

Professional Development Certificate/ Technical/Job-related Training (Name, Date, Location)	Issuing Organization	Hours Issued

CERTIFICATE RENEWAL FEE:

Remit \$20.00 for each renewed certificate. Please make checks or money orders payable to ITCA, Inc.
Indicate Number of certificate(s) you are renewing _____ X \$20.00 = Total Payment \$ _____

All information reported above is true and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts may call for the revocation of the water/wastewater certificate.

Signature: _____

Date: _____

Return form to:

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