

**RENEWAL APPLICATION**  
**POLLUTION CONTROL OPERATOR CERTIFICATION**  
*Mississippi Department of Environmental Quality*

**I. APPLICANT** (COMPLETE SECTIONS I AND II FOR ALL INFORMATION INCORRECT OR NOT INCLUDED\* ON LABEL)

**Name:** \_\_\_\_\_ Social Security No. (Last 4) \_\_\_\_\_  
*Last First Middle*

**Address:** \_\_\_\_\_  
*Street, Rural Route or P.O. Box*  
 \_\_\_\_\_  
*City State Zip*

Place Pre-Printed Label Here

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

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

**Date Employed (mm/dd/yy)** \_\_\_\_\_

**\*Address** \_\_\_\_\_  
 \_\_\_\_\_

**\*Phone** \_\_\_\_\_  
*Work*  
**\*Phone** \_\_\_\_\_  
*Cell*

**II. CERTIFICATION**

**Class Certificate:**    I   II   III   IV   I-C   II-C    (Circle One)

Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**III. CONTINUING EDUCATION CREDIT** (ATTACH COPIES OF ALL CEC CERTIFICATES)

Date(s) of Training	Training Activity / Sponsor	MDEQ Sponsored Hours	Other MDEQ Approved Hours
<b>Total Approved Continuing Education Credits:</b>			

**IV. RENEWAL FEE: \$45.00 (PAYABLE TO: STATE OF MISSISSIPPI)**

Check Attached: \_\_\_\_\_ Money Order: \_\_\_\_\_ Other (Specify) \_\_\_\_\_

I hereby certify that the information contained within this application is true and accurate. I further understand that providing false information on this application is grounds for revocation of certification.

**V. SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MDEQ USE ONLY**

**Fee Paid:** Y N    **Date:** \_\_\_\_\_    **By:** \_\_\_\_\_    **Approved:** Y N

**Explanation:** \_\_\_\_\_    **Type Trmt:**

**Certificate #:**     **Certificate Class:**     **Exp: Date:**

Please list below all of the facilities for which you currently are listed as the certified operator.  
(Make copies of this page and attach if needed)

Name of Facility	County	NPDES Permit No.

## Instructions

Type or Print all information

Application must be **Fully Completed, Signed and Dated**

Must use an **Original Application. Copies Will Not Be Accepted.**

**Section I** Check the information on the pre-printed label. If this information is **Incorrect or Incomplete, Make Corrections in the space provided. Provide Last Four Digits of your Social Security Number, Phone Numbers and Current Employer Information.**

**Section II** Indicate which **Class of Certification** you are applying for and include your Current Certificate Number and the Expiration Date of the Certificate.

**Section III** List all training you participated in over the past three years for Continuing Education Credit (CEC). All Training must be approved by MDEQ to be eligible for credit. *Exceptions will be made for operators living and working outside the State of Mississippi.* You must attach **Copies** of all attendance certificates. **Do Not Send Original Certificates.** CECs required for certificate renewal may differ depending on type of certification and how long the applicant has been certified. Refer to the *Regulations for the Certification of Municipal and Domestic Wastewater Operators* for specific requirements.

**Section IV** Be sure to include a check or money order payable to the **STATE OF MISSISSIPPI** for the **\$45.00** application fee. The application cannot be processed if the fee is not paid. Check or money order should be **Stapled or Clipped** to the application.  
**We are not responsible for lost checks if not attached.**

**Section V** Be sure the application is **SIGNED AND DATED IN BLUE INK** by the applicant to **Identify it as an Original.** The application cannot be processed if not signed.

Mail Application to: Attn: Accounts Receivable  
Department of Environmental Quality  
Office of Pollution Control  
P. O. Box 2339  
Jackson, MS 39225-2339

**If, for any reason, certification renewal is denied, the application and fee will be returned.**

Allow 6 to 8 weeks for issuance of certificate

Be sure to keep a copy of the completed application for your records