



Paul R. LePage  
Governor

STATE OF MAINE  
**BOARD OF LICENSURE OF WATER SYSTEM  
OPERATORS**

DIVISION OF ENVIRONMENTAL HEALTH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
11 STATE HOUSE STATION  
286 WATER STREET, 3RD FLOOR  
AUGUSTA, MAINE 04333-0011

**2015 WATER OPERATOR LICENSE RENEWAL APPLICATION**

License Renewal for period ending 12/31/2017

For Office Use Only

ISN#

**Instructions:**

- Complete all sections of this form.
- Include check or money order for \$75 renewal fee payable to: **Treasurer, State of Maine.**
  - Fee includes all water operator licenses held.
- Sign and date the bottom of this form.
- Return completed form and documentation to the address above.

**Training Contact Hours for License Renewal**

Training Contact Hour requirements are based on the highest license held and are:

VSWS- 6 TCH	Class I- 12 TCHS	Class II – 18 TCHs	Class III or IV -24 TCH
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1. List Training Contact Hours (TCH) you have completed during the past license renewal cycle.
2. List relevant training for which you have a certificate, letter, or other evidence of completion and submit **photocopies** of each. Original certificates will **not** be returned.
3. 1<sup>st</sup> Aid & CPR are not considered relevant to Operator Treatment or Distribution licenses.

Course Title	Training Organization	Date Completed	TCH Earned
<b>Total TCHS Earned:</b>			

**Please Print**

Name: \_\_\_\_\_ Operator Id # \_\_\_\_\_

Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to receive the *Service Connection* electronically? Y\_\_\_ N\_\_\_