Board of Certification of Operating Personnel in Wastewater Treatment Plants
STATE OF HAWAII

Mail or Fax to:	Do Not Write in This Space – Office Use Only
Board of Certification of Operating Personnel in Wastewater Treatment Facilities Department of Health, State of Hawaii 919 Ala Moana Boulevard, Suite 309 Honolulu, Hawaii 96814 Phone (808) 586-4294 Fax (808) 586-4300	Date Received: _____ Date Approved: _____ Date Denied/Reason: _____ Comments: _____ Date Recorded: _____

DRC Notification Form

This is to advise you that I, _____, _____, _____
Your Name **Grade** **License #**
have accepted the **primary** DRC position for the Wastewater Treatment Plant listed below.

_____ _____
DRC Signature **Date**

This is to advise you that I, _____, _____, _____
Your Name **Grade** **License #**
have accepted the **secondary** DRC position for the Wastewater Treatment Plant listed below.

_____ _____
DRC Signature **Date**

Wastewater Treatment Plant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

WWTP Classification: [ ] 1 [ ] 2 [ ] 3 [ ] 4

Previous DRC: _____

_____ _____
Plant Owner/Authorized Signature **Date**

_____
Print Name