

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

Mail or Fax to: State of Hawaii Waste Water Branch 2827 Waimano Home Rd #207 Pearl City, HI 96782 Phone (808) 586-4294 Fax (808) 586-4300	Do Not Write in This Space – Office Use Only Date Received: _____ Date Approved: _____ Date Denied/Reason: _____ Comments: _____ Date Recorded: _____
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DRC Notification Form

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

DRC Signature **Date**

This is to advise you that I, _____, _____, _____
Your NameGradeLicense #
 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