

## REQUEST FOR PUBLIC RECORD

TO: STATE WASTEWATER OPERATOR  
 TRAINING CENTER  
 BOARD OF CERTIFICATION  
 c/o Wastewater Branch, DOH  
 2827 Waimano Home Rd., Hale Ola Bldg., Rm. 207  
 Pearl City, HI 96782

PHONE: (808) 586-4294

FAX: (808) 586-4300

The following record is hereby requested (Identify or describe character or record):

- (     ) Training Center Information (Payable to "**Department of Health, State of Hawaii**")
  - [     ] Copy of Student Transcripts (two per year allowed)
  - [     ] Additional copies of Student Transcripts = \$5.00
  - [     ] Certified copy of Course Completion Certificate = \$5.00
  
- (     ) Board of Certification Information (Payable to "**State of Hawaii**")
  - [     ] Replacement of Operator Certificate = \$25.00
  - [     ] Replacement of Operator I.D. Card = \$10.00

**Effective October 15, 2008, the above fees will be imposed for additional copies/replacements.**

Be sure to include your check or money order with your request.

Mail completed request & payment to:  State Of Hawaii Waste Water Branch 2827 Waimano Home Rd #207 Pearl City, HI 96782	OFFICIAL USE ONLY:  Date Request Recd: _____ Date of Check: _____ Check #: _____ Amount Received: \$ _____
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Name of Requestor or Duly Authorized Agent	Company/Organization
Signature	Address
Date	City, State
Phone No.	Fax No.
	Zip Code

- (     ) No Information Found
- (     ) See Attached Information
- (     ) Provided in Person

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Wastewater Branch Agent

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Date