Grade ______ BMS BMS base and support the state of the st

NEW YORK STATE DEPARTMENT OF HEALTH Center for Environmental Health Bureau of Water Supply Protection Empire State Plaza, Corning Tower, Room 1110 Albany, New York 12237

Application for Renewal of Certification

Home Phone No. (____)

Water System Operator

INSTRUCTIONS

I. Applicant Information

TO AVOID YOUR APPLICATION BEING REJECTED, PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY.

- 1. Complete ALL items in SECTION I and II ONLY. PRINT IN PEN OR TYPE ALL INFORMATION.
- 2. Include copies of all course completion certificates.
- 3. BE SURE TO SIGN AND DATE YOUR APPLICATION. FAILURE TO COMPLETE THIS APPLICATION FULLY WILL CAUSE IT TO BE REJECTED AND RETURNED AS INCOMPLETE.

Home Email Address Employer Name Employer Address

| PLEASE ENTER ANY ADDRESS CORRECTIONS IN THE SPACE BELOW | | Work Email Address | . () | | | | |
|--|-------------------|---------------------|----------------------------|-------------------|--|--|--|
| | Are you a veteran | yes no ator? yes no | | | | | |
| II. Renewal Training Credits — Summarize below all training received towards renewal in the past three years. YOU MUST COMPLETE THIS SECTION IN ITS ENTIRETY FOR THIS APPLICATION TO BE PROCESSED | | | | | | | |
| Course (Title) | Dates | Contact Hours | Approved Training Course # | Training Provider | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Signature: Date: | | | | | | | |
| DOH-352 (9/15) Page 1 of 2 | | | | | | | |

| Course (Title) | Dates | Contact Hours | Approved Training Course # | Training Provider |
|----------------|-------|---------------|-------------------------------|-------------------|
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |