



**MAINE WASTEWATER OPERATOR CERTIFICATION PROGRAM  
JOINT ENVIRONMENTAL TRAINING COORDINATING COMMITTEE**

**Certification Payment Credit Card Form**

Use this form to make a credit card payment for your  
Wastewater Operator Certification Renewal or for an exam application.

**Identifying Information:**

**Name:** \_\_\_\_\_

Certificate Number \_\_\_\_\_ Grade of Certification \_\_\_\_\_

Last 4 digits of your Social Security#: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**I am paying for the following:**

License Renewal Fee (due by March 1)	\$75	_____
Reactivation Fee (for inactive Operators)	\$100	_____
Exam Application Fee	\$125	_____
Exam Retake Fee	\$125	_____
Reciprocity Fee	\$125	_____
<b>Total Charge Amount</b>		_____

**Circle One**

Visa

Master Card

Discover

Credit Card # \_\_\_\_\_

3-digit code (Visa only) \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature Required \_\_\_\_\_ Date \_\_\_\_\_