

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health
Engineering Services-Operator Certification Program

Database Information Update

Please PRINT Clearly or Type
Fill in all information and mail back to:
LDH-OPH-Engineering
Operator Certification Program
P.O. Box 4489 Bin 10 Box 6
Baton Rouge, LA 70821-4489

Full Name: _____
Last First Middle Initial

Operator ID#/Social Security #: _____ Email: _____

Mailing Address: _____
Number Street City State Zip

Work #: _____ Fax #: _____

Home #: _____ Cell #: _____

Date of Birth: _____ Resident Parish: _____

Name of Employer: _____

Employer's Address: _____

Please List All Water and Wastewater Systems in which you work as a certified operator:

Name of the Water or Wastewater System	PWSID# or LPDES#

Note: If more space is needed, use a separate sheet of paper.

Completion Mandatory as part of Renewal Process

Signature: _____ Date: _____