



State of Louisiana

Department of Health and Hospitals
Office of Public Health
Engineering Services

Operator Certification Database Information Update Form

*Please PRINT Clearly or Type
Fill in all information and mail back to:
LA DHH-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 Phone: _____ Fax: _____

Office Phone: _____ Cell Phone: _____

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: _____