



NAWT
National Association of Wastewater Technicians

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NAWT Professional Training Program CERTIFICATE OF COMPLETION RENEWAL APPLICATION

DATE: _____ LOCATION: _____

COURSE TITLE: _____

COURSE PROVIDED BY: _____

THE CERTIFICATE THAT YOU ARE RENEWING

___INSPECTOR___ O&MI___ O&MII___ OTHER (*please specify*) _____

Name: _____

Company: _____

Business Address _____

Address (*Mail Certificate to*): _____
(*If Different than above*)

- Business _____
- or
- Home _____

Contact Info:

Business Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

NO, I do not want to be listed on the NAWT Inspector Web page
Unless you check this box you will be listed on the NAWT Web Registry

NOTE: Please write legibly and fill out the form completely as information contained on this sheet is used to send certificates and update the NAWT Web Registry.