



NAWT
National Association of Wastewater Technicians

**PO Box 6685
Broomfield, CO 80021**

1-800-236-NAWT (6298)

1-866-220-1055 Fax

info@nawt.org

www.nawt.org

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___ INSTALLER___ DESIGN___

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.