



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___INSTALLER___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.