

REQUEST FOR PUBLIC RECORD

TO: STATEWIDE WASTEWATER OPERATOR
 TRAINING CENTER
 1350 SAND ISLAND PARKWAY, BLDG. 3A
 HONOLULU, HI 96819

PHONE: (808) 832-5478
 FAX: (808) 832-3496

The following record is hereby requested (Identify or describe character of record):

- () Training Center Information (Payable to "**Department of Health, State of Hawaii**")
 - [] Copy of Class Roster (two per year allowed)
 - [] Additional copies of Class Roster = \$5.00
 - [] Certified copy of Course Completion Certificate = \$5.00

- () Board of Certification Information (Payable to "**State of Hawaii**")
 - [] Replacement of Operator Certificate = \$25.00
 - [] Replacement of Operator I.D. card = \$10.00

Effective October 15, 2008, the above fees will be imposed for additional copies/replacements.
 Be sure to include your check or money order with your request.

Mail completed request & payment to: Statewide Wastewater Operator Training Center State of Hawaii, Department of Health 1350 Sand Island Parkway, Bldg. 3A Honolulu, HI 96819	OFFICIAL USE ONLY: Date Request Recd: _____ Date of Check: _____ Check #: _____ Amount Received: \$ _____
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Name of Requestor or Duly Authorized Agent	Company/Organization
Signature	Address
Date	City, State
Phone No.	Fax No.
	Zip Code

- () No Information Found
 - () See Attached Information
- _____
 Wastewater Branch Agent

 Date