

# 2014-15 Operator Certificates



State of California-Health and Human Services Agency  
Department of Public Health



RON CHAPMAN, MD, MPH  
Director & State Health Officer

EDMUND G. BROWN JR  
Governor

Roger A. Smith  
3640 La Hacienda Drive  
San Bernardino, CA 92407

March 14, 2014  
Grade: D1  
Operator #: 34573

Subject: **Distribution Renewal**

Your renewal has been evaluated and approved. Below is your ID card. This is official notice of your renewal. Your next renewal is due **December 1, 2016**.

If you have any questions regarding your renewal status, you may contact us at the number below.

Operator Certification Unit

Drinking Water Program, Operator Certification Unit  
P. O. Box 997377, MS# 7417, Sacramento, CA 95899-7377  
Phone: (916) 449-5611 Fax: (916) 445-8496  
Internet Address: <http://www.cdph.ca.gov/certic/occupations/Pages/DWopcert.aspx>

## Receipt and Pocket ID Card

State of California  
Department of Public Health



This verifies that the individual named below  
has paid the appropriate fee and is a certified  
**Water Distribution Operator**

Name: Roger A. Smith  
Level: Grade D1 Operator # 34573  
Expires: 4-1-2017 Fee Paid: \$155  
Due: 12-1-2016

Signature: \_\_\_\_\_

Please sign card.



RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California-Health and Human Services Agency  
Department of Public Health



EDMUND G. BROWN JR  
Governor

**Roger A. Smith**  
3640 La Hacienda Drive  
San Bernardino, CA 92404

November 21, 2013  
Grade: T1  
Operator #: 24492

Subject: **Treatment Renewal**

Your renewal has been evaluated and approved. Below is your ID card. This is official notice of your renewal. Your next renewal is due **September 1, 2016**.

If you have any questions regarding your renewal status, you may contact us at the number below.

Operator Certification Unit

Drinking Water Program, Operator Certification Unit  
P. O. Box 997377, MS# 7417, Sacramento, CA 95899-7377  
Phone: (916) 449-5611 Fax: (916) 445-8496  
Internet Address: <http://www.cdph.ca.gov/certlic/occupations/Pages/DWopcort.aspx>

Receipt and Pocket ID Card

State of California Department of Public Health		
This verifies that the individual named below has paid the appropriate fee and is a certified <b>Water Treatment Operator</b>		
Name:	Roger A. Smith	
Level:	T1	Operator # 24492
Expires:	1-1-2017	Fee Paid: \$55
Due:	9-1-2016	
Signature:		

*Please sign card.*