



<u>State Water Resources Control Board</u> <u>Division of Financial Assistance</u> <u>Drinking Water Operator Certification Program</u> <u>(DWOCP)</u>

ACH Online Payments User Guide

You may now send your payment for DWOCP Examination Applications, Certification Applications, Renewal Forms, Reciprocity Applications and Duplicate Certificate requests through the California State Agency EFT program. This is an Automated Clearing House (ACH) payment that allows you to make a payment directly from your checking or savings account to the State Water Resources Control Board.

Credit Cards or Debit Cards ARE NOT accepted.

In order to make and complete an ACH payment for your application or form, you must:

- Complete and email the Online Payment Form
- Make a payment through the California EFT program
- Mail your completed application to the DWOCP. <u>All paper</u> <u>applications and forms must have original signatures</u> <u>in order to be processed.</u>

Please complete all of the steps on the following pages to assure the proper processing of your payment and paperwork.

Step One: Complete the Online Payment Form

1. Under "Drinking Water Operator Online Payments" on the DWOCP website, click on

"Step One: Online Payment Form"

- 2. Start by creating a DWOCP Application Number. This Application Number consists of the letters **ZA** followed by the first 4 letters of the operator's last name, followed by the last 4 digits of the operator's Social Security Number (SSN). If the operator's last name is less than 4 letters, place a 0 (zero) after the name for any remaining spaces.
 - Example A: Last name is Jones and last 4 of SSN is 1234, then the DWOCP application number is ZAJONE1234
 - Example B: Last name is Lee and last 4 of SSN is 9999, then the DWOCP application number is ZALEE099999

After you have created the number, type it in the spaces at the top of the payment form in section Part A. For ease of reading, please use capital letters in the application number.

Wate	r Boards			GAVIN NEWSOM GOVERNOR YANA GARCIA SECRETARY FOR ENVIRONMENTAL PROTECTION
	(This form is for Drinking		TION PROGRAM (DWOCP) Y – Treatment and Distribution) RM lication number is ZA plus the first four letters of the opera- digits of the social security number (For example, ZAJO)	
	Application Number: ZA		ligits of the social security number (For example, ZAJUP less than 4 letters, use zeros as placeholders. Middle:	ie 9999). For last names
Mailing A	ddress:		Apt #:	
City:		County:	State:	Zip:

3. Under Part B, complete the contact information for the operator. All boxes in red are required. You will not be able to submit this form unless these boxes are completed.

	s for Drinking Water Operators ONLY – Tre ONLINE PAYMENT FORM	,
Part A Application Number: Z	four digits of the	nber is ZA plus the first four letters of the operator's last name and th e social security number (For example, ZAJONE9999). For last nam letters, use zeros as placeholders.
Part B Name: Last:	First:	Middle:
Mailing Address:		Apt #:
City:	County:	State: Zip:
Telephone: Cell: ()	Telephone: Home: ()
E-Mail Address:	Date	e of Birth:
If Applicable: Operator Number:	Grade: Please c	heck: Treatment Distribution
Part C Checkmark which application form this payment is to b		nent is to be applied. For renewals paid I dded.
Examination	Grade 1 \$50 Grade 2 \$65 0 0	12 2 aherQ 012 1 aherQ 0012 5 aherQ

If the operator has an issued certification number, complete the Operator Number and Grade section and checkmark the appropriate box for Treatment or Distribution.

4. Under Part C, checkmark the box on the left side for the action for which this payment is to be applied.

- Examinations Refer to A in Illustration Below
 - If this is the first time you are taking an exam for this grade level- checkmark **Examination**
 - If you are retaking an examination of the same grade level- checkmark Re-Examination
- <u>Certifications</u> Refer to B in Illustration Below
 - If you are only certified in treatment or distribution, but not the othercheckmark Certification (initial certification)
 - If you are certified in two or more disciplines, drinking water treatment, distribution, or wastewater treatment- checkmark Certification (dual certification discount)
- <u>Renewals</u> Refer to C in Illustration Below
 - If you are only certified in treatment or distribution, but not the othercheckmark **Renewal.**
 - If you are certified in two or more disciplines, drinking water treatment, distribution, or wastewater treatment- checkmark **Renewal** (dual certification discount).
 - If the date your payment is posted is after the due date on your renewal formyou must also checkmark Renewal Late Fee – First.
 - If the date your payment is posted is less than 45 days prior to your expiration date- checkmark Renewal Late Fee- First and Renewal Late Fee- Second. Please refer to your renewal form for your due date and late fees dates. Please Note: if your renewal payment is late and you do not include the appropriate late fee(s) with your ACH payment, your renewal will not be processed until all fees have been paid.
- <u>Reciprocity</u> Refer to D in Illustration Below
 - If you are applying for Reciprocity- checkmark Reciprocity.
- Replacement Certificate Refer to E in Illustration Below

• If you are requesting a replacement of the 81/2 x 11 wall certificate- checkmark

	lf App	licable: Operator Number:	Grade:	Plea	se check: Treat	ment Dis	stribution
	Part	C Checkmark which application or form this payment is to be applied	Checkmark whi a first or second	•		applied. For re	newals paid late,
$\left\{ \right\}$		Examination	Grade 1 \$50	Grade 2 \$65	Grade 3 \$100	Grade 4 \$130	□Grade 5 \$155
٠Ľ		Re-Examination (same grade)	Grade 1 \$30	Grade 2 \$45	Grade 3 \$70	🔲 Grade 4 \$95	Grade 5 \$120
$\left\{ \right\}$		Certification (first certification)	Grade 1 \$70	Grade 2 \$80	Grade 3 \$120	Grade 4 \$140	Grade 5 \$140
L		Certification (dual certification discount)	Grade 1 \$55	Grade 2 \$60	Grade 3 \$90	🗆 Grade 4 \$105	□Grade 5 \$105
$\left \right $		Renewal	Grade 1 \$70	🗆 Grade 2 \$80	Grade 3 \$120	🗆 Grade 4 \$140	Grade 5 \$140
η.		Renewal (dual certification discount)	Grade 1 \$55	Grade 2 \$60	Grade 3 \$90	Grade 4 \$105	□Grade 5 \$105
$\left\{ \right.$		Renewal Late Fee - First	Late fee of \$50	is added if renew	al payment has a Po	osted Date after the	due date
I		Renewal Late Fee - Second			d if renewal payment ase refer to your ren		· · · · · · · · · · · · · · · · · · ·
{		Reciprocity	Grade 1 \$70	Grade 2 \$80	Grade 3 \$120		
{		Replacement Certificate	\$25				

On the right side of Part C, checkmark the appropriate grade box or fees box(es) to calculate the amount of payment. **Refer to F in Illustration above**

5. Under Part D, type in the Amount of Payment that was checked in Part C. Type in the date that payment will be scheduled to be paid. **Please note**: that the earliest date a payment can be scheduled is the next business day as long as the ACH payment is posted by 3:00

pm PST. If the payment is posted after 3:00 pm PST, it will be scheduled for the following business day. Payments cannot be scheduled for weekends or Federal Reserve holidays.

- 6. In the lower right corner of the form, type in the date that your application is to be mailed or submitted Online.
- 7. Once the form is completed, click on the "Submit Payment Button" in the lower left corner of the form. If any required boxes were not completed, you will receive an error message to fill in the required fields.

MAILING ADDRESS State Water Resources Control Board	PHYSICAL ADDRESS/OVERNIGHT MAIL State Water Resources Control Board	
Drinking Water Operator Certification Program PO Box 944212	Drinking Water Operator Certification Program 1001 "I" Street, 17 th Floor	
Sacramento, CA 94244-2120	Sacramento, CA 95814	
Submit Payment Form	Date Application was mailed:	

Clicking this button will email this form to <u>dwopcertprogram@waterboards.ca.gov</u>.

- If your primary email software is Outlook, it will create an email and attach the Online Payment Form to it.
- If you use a webmail service such as Gmail, a dialog box will open up. Click on Use Webmail and then click on the arrow to select which service. Type in your webmail email account (such as john.brown112233@gmail.com) and click ok and then continue. The webmail service will then open on your computer. Sign into the service with email address and password. The service may ask for your permission for Adobe Acrobat to access your contacts. Click yes to give your permission. Please note: only Gmail is able to send the online payment form in this manner. Yahoo gives an error when trying to upload the form. If you receive an error, you will need to save the pdf form to your computer and manually attach the form to an email. Please email the form to dwopcertprogram@waterboards.ca.gov.



Important Information The Online Payment Form must be completed and emailed to <u>dwopcertprogram@waterboards.ca.gov</u> prior to making the ACH payment

Step Two: Online Payment

- 8. Before you begin making the ACH payment, make sure you have the following items:
 - Your bank's routing number
 - Your checking account or savings account number
 - The DWOCP Application Number you created in Part A of the Online Payment Form
 - The dollar amount you entered in Part D of the Online Payment Form

You can find your routing number and checking account number on your check. Please refer to the following illustration for the locations of these numbers.

PAY TO THE ORDER OF		2400 91-548/1221 \$ DOLLARS
FOR	6724301068#	2400**
Routing Number	Account Number	Check Number

9. Under "Drinking Water Operator Online Payments" on the DWOCP website, click on

"Step Two: Online Payment'

This will take you to the California State Agency EFT Menu

	First Data.	Water Boards
	California State Agency EFT Menu Please select a link below to access a payment site.	
	Application Fees Loan Payments Invoices	
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- 10. Click on "Application Fees"
- 11. On the "Make a Payment" menu, scroll down to the bottom of the page. In the "SWRC Application Number" field, type in the DWOCP Application number that starts with ZA that you created in Part A of the Online Payment Form. Type in the amount to be paid (from Part D) in the "Invoice Amount" field. The "Debit Date" will show the earliest date that the

payment can be made. Please note that the earliest date is the following business day. When all is completed, click "**Continue**".

First Data.	Access the SWRCB website	Return to the California EFT	System Menu On	e Time Payment	FAQ				Water
ake a Payment is payment option is for pa SWRCB Account Info Your Bank Routing Numbr Your Checking or Savings	er	o Water Resources Control Boards (S\	VRCB) online. Payments r	nade before 3:00 p.m. Pa	acific Time (PT) will se	tle on the next banking day. To m	ake a payment	using this option you will need the following:	
uick Guide to finding yo	our Application number								
Infined Animal Applicati inking Water Applicati inking Water Operator wirronmental Laborator igated Land Application ind Disposal (Sub-15). PDES Application orm Water Application nk Tester Application	tion step Discharge Application tion on Certification Application ry Accretication Program (ELAP) Ap n Application ement (Non-15) Application on	oplication	CAB BA, DAA ZAE EAS IAG LAT NA, SAI TAT WA OAI	nple Number SROVM010 00HN0525 300P0125 TOON0115 SROW6789 SMIT0415 000P0125 TAYL01021 10NE0515 1224567 HOMR0759 SRCW8789 SRCW8789 SRCW8789 VICRE1121 4AMMD413					
Payment Info	Contact Info Payment Me	thod Confirm Payment	Payment Complete						
Payment Type :	Application Fees	5							
SWF	RC Application Number	Invoice Amou	nt	Other Amou	nt	Total Amount		Debit Date (MM/DD/YYYY)	
ZA1234566		\$	1.00 \$		0.00	S	1.00	06/08/2017	
Add Row	inue								
	_								

Please Note: DO NOT USE the Sample Number ZABROW6789 that appears on this page. This is only an example number. You must use the ZA number you created on the Online Payment Form.

12. <u>Contact Info</u> – Complete all boxes. If the payer is not a business, then type in the payer's first and last name in the Business Name and Contact Name fields. When all is completed, click "**Continue**".

First Data. Access the SWRCB website	Return to the California EFT System Menu One Time Payment FAQ	Water Boards
Contact Information Please enter your contact information and click Continue.		
Payment Info Contact Info Payment Met	thod Confirm Payment Payment Complete	
Business Name:	Joe Brown	
Contact Name:	Joe Brown	
Address:	1234 Main Street	
City:	Sacramento	
State/Province:	CA 🗹	
Zip/Postal Code:	95814	
Country:	UNITED STATES	
Daytime Phone Number:	9165551212 (10 characters minimum)	
Email Address:	joe.brown112233@gmail.com Help?	
Re-type Email Address:	joe brown112233@gmail.com	
Back Continue		
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13. <u>Payment Method</u> – Complete the fields for Account Holder name, account and routing numbers. Verify that the information is correct and click "Continue".

First Data. Acc	ess the SWRCB website Return to the California EFT System Menu One Time Payment FAQ	Water Boards
Payment Method-Bank / Please enter your payment method i	Account Information and click Continue. You will be asked to confirm your payment before submitting it.	
Payment Info Co	ntact Info Payment Method Confirm Payment Complete	
Portuge Portuge I: 1 2 2 10 5 2 7 61: Routing Number	2400 	
Account Holder Name: Account Type:	Joe Brown Checking	
Account Number:	12345678	
Re-Enter Account Number	: 12345678	
Routing Number:	121000358	
Back Cancel	Continue	
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14. <u>Confirm Payment</u> – Verify that all the information is correct. If not, click on "Edit Payment" to go back. If it is correct, click on "**Submit Payment**".

First Data.	Access the SWR	CB website Retu	urn to the California EF	T System Menu	One Time Payment	FAQ					Water Boards
Payment Verification											
Payment Info	Contact Info	Payment Method	Confirm Payment	Payment Comp	plete						
Payment Type : Bank Account :	Application Fees										
SWRC Appl	lication Number	l.	nvoice Amount		Other Amount		Total Amount		Debit Date		
ZA1234588			s	1.00		\$0.00		\$1.00	06/08/2017		
ACH Debit Authorizatio method. Edit Payment	n: I hereby authorize de Submit Payment	esignated Financial Agent	s of the SWRCB to initiate d	ebit entries to the fina	ncial institution account indic	cated above. For payn	ents owed to the SWRCB upon	request by taxp	ayer for his/her represe	ntative using the ACH Debit	
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15. In the bottom right corner of the screen is your Confirmation Number. Please make note of this number as you will need it to complete your payment package. You may also click on "Print this page" to print the page for your records.

First Data.	Access the SW	RCB website Ret	urn to the California EFT	System Menu Or	ne Time Payment	FAQ	
Payment Ackno	wledgement						
Please take note of the	confirmation number or prir	nt this page for your record	ds.				
Date: 4/11/2016 Time:	9:49:38 AM 🛔 Print	this page					
Payment In		Payment Method		Payment Complete			
Payment In Payment Type :				Payment Complete			
Payment Type :	nfo Contact Info				Total Amount	Debit Date	Confirmation number

Step Three: After the Payment

- 16. On your paper application write "**PAID ONLINE**" and your **confirmation number** in or near the upper right corner of the application or form. It is very important that this information is on your paperwork to assure your application/form and payment are processed correctly.
- 17. Mail the completed paper application or renewal form *including the operator's* **original signature** on the form(not applicable to Online application submittal) to:

State Water Resources Control Board Drinking Water Operator Certification Program PO Box 944212 Sacramento, CA 94244-2120

 If you have any questions regarding this process, please contact the Drinking Water Operator Certification Program at (916) 449-5611, or e-mail us at: <u>dwopcertprogram@waterboards.ca.gov</u>.