

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GLENN E AARON, SR  
204 LETRIUM RD  
BOYCE, LA 71409

Operator ID: 25646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID ABADIE  
113 ST NICOLAS STREET  
LULING, LA 70070

Operator ID: 7320  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARK C ABSHIER  
402 AYCOCK  
STE C  
ARABI, LA 70032

Operator ID: 6041  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN D ABSHIRE  
1506 N 4TH ST  
GUEYDAN, LA 70542

Operator ID: 11897  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH T ABSHIRE  
P O BOX 1394  
PORT BARRE, LA 70577

Operator ID: 37787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
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**INVOICE**

HUBERT J ABSHIRE, JR  
3007 THERIOT ROAD  
RAYNE, LA 70578

**Operator ID: 43713**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NEWTON J ABSHIRE  
P O BOX 105  
ELTON, LA 70532

Operator ID: 5  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JILL N ACHEE  
7551 LITTLE VALLEY DR  
GONZALES, LA 70737-8175

Operator ID: 5832  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEAN E ACKERMAN  
244 SOUTH RIVER ROAD  
PORT ALLEN, LA 70767

Operator ID: 31546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MITCHELL T ACREE  
241 RUGGS CIRCLE  
FARMERVILLE, LA 71241

Operator ID: 7859  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NICOLE M ADAMS  
107 SUTHERLAND RD  
LAKE CHARLES, LA 70611

Operator ID: 10010  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JIMMY W ADAMS  
119 CEDAR HILL LANE  
EROS, LA 71238

Operator ID: 11639  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JODY J ADAMS  
107 MAIN STREET  
CITY OF FRANKLIN  
FRANKLIN, LA 70530

Operator ID: 14  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DAMON B ADAMS  
3412 LAKE TRAIL DRIVE  
METAIRIE, LA 70003

**Operator ID: 15**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID J ADAMS  
121 W BROUSSARD STREET  
CHURCH POINT, LA 70525

Operator ID: 18106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAY ADAMS  
2729 RAMSEY DR  
NEW ORLEANS, LA 70131

Operator ID: 19  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RUFUS P ADAMS  
P O BOX 10  
COLUMBIA, LA 71418

Operator ID: 20  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEPHEN H ADAMS  
4005 CHESNUT STREET  
MARRERO, LA 70072

Operator ID: 25647  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARGIE PADAMS  
7001 LAWRENCE RD APT 102  
NEW ORLEANS, LA 70126

Operator ID: 32506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JOHN E ADAMS  
338 EAST 76TH ST  
SHREVEPORT, LA 71106

**Operator ID: 47035**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARY T ADAMS  
63064 MAIN STREET  
VERNADO, LA, LA 70467

Operator ID: 5103  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LOUIS E ADAMS  
63064 MAIN STREET  
VARNADO, LA 70467

Operator ID: 6002  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WARREN J ADAMS, JR  
POST OFFICE BOX 261  
CENTERVILLE, LA 70522

Operator ID: 6105  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID O ADAMS  
PO BOX 828  
SLIDELL, LA 70460

Operator ID: 7157  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DONALD G ADAMS  
1314 BREWSTER AVENUE  
RUSTON, LA 71270

Operator ID: 7512  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 3	20.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LINDSEY ADKINS  
82153 COLUMBIA RD  
BUSH, LA 70471

Operator ID: 7424  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

CHRISTOPHER D AGOSTA  
4717 WOODLYN DR  
BATON ROUGE, LA 70816

**Operator ID: 29166**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY LAGUILLARD, JR  
6546 CROSS GATE DR  
BATON ROUGE, LA 70817

Operator ID: 44852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DANNY L AINSWORTH  
222 MISTY BROOKE ROAD  
TROUT, LA 71371

Operator ID: 27506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH T AKINS, JR  
1705 BUTLER HILL ROAD  
BENTON, LA 71006

Operator ID: 39  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENNIS C AKINS  
917 GREER RD  
SHREVEPORT, LA 71107

Operator ID: 45255  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRIS A ALARIO  
POST OFFICE BOX 33  
MATTHEWS, LA 70375

Operator ID: 7626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DEVEN J ALBERT  
135 MADELINE ST  
THIBODAUX, LA 70301

Operator ID: 11764  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

PAUL J ALBRECHT, III  
261 SANDRA ST  
NATCHITOCHEs, LA 71457

Operator ID: 48675  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

SCOTT A ALBRITTON  
755 OLE HWY 15  
LOT 75  
WEST MONROE, LA 71291

Operator ID: 27766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FLOYD ALEJANDRO  
PO BOX 723  
SIMMESPORT, LA 71369

Operator ID: 8527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

REED A ALEXANDER  
852 MARJORIE CT  
LAPLACE, LA 70068

Operator ID: 12009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DANA P ALEXANDER  
18981 MC HUGH ROAD  
ZACHARY, LA 70791

Operator ID: 12926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ETHEL M ALEXANDER  
253 RANDOLPH DR  
LAFAYETTE, LA 70501

Operator ID: 32507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RODNEY D ALEXANDER  
75041 BONNIE LANE  
COVINGTON, LA 70435

Operator ID: 35546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERRY W ALEXANDER  
6108 WOODSEND DRIVE  
ZACHARY, LA 70791-2859

Operator ID: 42323  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD W ALEXANDER  
1548 CURTIS ST  
HARVEY, LA 70058-2415

Operator ID: 44  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DALE J ALEXANDER, JR  
1539 TROPIC DRIVE  
NEW ORLEANS, LA 70131

Operator ID: 49  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEROME ALEXANDER  
1090 DALFREY RD  
BREAUX BRIDGE, LA 70517

Operator ID: 7329  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CASSIE J ALEXANDER, JR  
1173 CECIL WATKINS ROAD  
ARNAUDVILLE, LA 70512

Operator ID: 9252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CYNTHIA M ALEXANDER-DERBIGNEY  
PO BOX 953  
JEANERETTE, LA 70544

Operator ID: 35066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GERVA R ALFORD  
163 JOYCE LN  
MANY, LA 71449

Operator ID: 46012  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PHILLIP D ALFORD  
40325 HONEY ISLAND SWAMP  
PEARL RIVER, LA 70452

Operator ID: 52  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

ANGELO A ALIMIA  
142 CLAUSEN RD  
BELLE CHASE  
PORT SULPHUR, LA 70037

**Operator ID: 33946**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ADAM J ALLDAY  
371 ANNA ST  
AMA, LA 70031

Operator ID: 36286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KIM D ALLEMAN  
836 AUSTRIA RD  
DUSON, LA 70529

Operator ID: 60  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LYNN J ALLEMAN  
PO BOX 150  
MAIL ROUTING BLDG 8010  
PLAQUEMINE, LA 70765-0150

Operator ID: 7642  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JARED J ALLEMAND  
242 CHATEAU DRIVE  
LOCKPORT, LA 70374

Operator ID: 5941  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MATTHEW P ALLEN  
10561 SPRINGGLEN COURT  
BATON ROUGE, LA 70810-0747

Operator ID: 11625  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOYCE B ALLEN  
11022 COON ROAD  
BATCHELOR, LA 70715

Operator ID: 12486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIE L ALLEN  
182 PATTERSON ROAD  
COLFAX, LA 71417

Operator ID: 35726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BOBBY L ALLEN  
9245 CARTER CIRCLE  
DENHAM SPRINGS, LA 70726

Operator ID: 42739  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

APRIL B ALLEN  
1709 PRESSBURG ST  
NEW ORLEANS, LA 70122

Operator ID: 43737  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

FREN ALLEN  
1420 HWY 492  
COLFAX, LA 71417

Operator ID: 48676  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL A ALLEN  
POST OFFICE BOX 684  
FARMERVILLE, LA 71241

Operator ID: 65  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CARLTON J ALLEN  
7441 DALEWOOD RD  
NEW ORLEANS, LA 70126

Operator ID: 6691  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMIE V ALLEN, SR  
12398 JIM BABIN ROAD  
ST. AMANT, LA 70774

Operator ID: 7161  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON P ALLEN  
818 PRINCEWOOD COURT  
BATON ROUGE, LA 70806

Operator ID: 7854  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRAD S ALLEN  
9249 HUNTINGTON AVENUE  
DENHAM SPRINGS, LA 70726

Operator ID: 7855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES L ALLEN  
226 HULEN ALLEN ROAD  
RAYVILLE, LA 71269

Operator ID: 8145  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROSA M ALLEN  
326 EAST WASHINGTON STREE  
SHREVEPORT, LA 71104

Operator ID: 8146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT E ALLEN, JR  
11022 COON ROAD  
BATCHELOR, LA 70715

Operator ID: 9651  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NATHAN F ALLISON  
79182 DAVIDSON RD  
FOLSOM, LA 70437

Operator ID: 20706  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BLESSING C AMADI  
2580 GATES CIRCLE #30  
BATON ROUGE, LA 70809

Operator ID: 27906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JUAN R AMBERT  
70379 F STREET  
COVINGTON, LA 70433

Operator ID: 34607  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH J AMEDEE  
P O BOX 226  
ROSEDALE, LA 70772

Operator ID: 6403  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

HADI AMINI  
PO BOX 24024  
NEW ORLEANS, LA 70184

**Operator ID: 80**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CAILEB M ANCAR  
P O BOX 415  
PORT SULPHUR, LA 70083

Operator ID: 33966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARCELIN T ANCAR  
PO BOX 526  
PORT SULPHUR, LA 70083

Operator ID: 5790  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARK ANDEL  
534 OAK ST  
MANDEVILLE, LA 70448

Operator ID: 30793  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RANDY E ANDERSON  
6213 HWY 4  
JONESBORO, LA 71251

Operator ID: 10989  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TONY J ANDERSON  
220 WALNUT ST  
COVINGTON, LA 70433

Operator ID: 11850  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEFFERY R ANDERSON  
113 HAYMARKET CT  
BOSSIER CITY, LA 71111

Operator ID: 29826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

EDD ANDERSON, III  
10137 CANYON OAKS DR  
KEITHVILLE, LA 71047

Operator ID: 36651  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BILLY J ANDERSON  
1018 THERIOT ROAD  
LAKE CHARLES, LA 70611-6201

**Operator ID: 39090**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN R ANDERSON, II  
248 AIRLINE VIEW  
FARMERVILLE, LA 71241

Operator ID: 40346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

AARON ANDERSON, III  
1211 GOVERNOR NICHOLS ST  
NEW ORLEANS, LA 70116

**Operator ID: 44152**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

BRIAN K ANDERSON  
1616 GLADYS ST  
OPELOUSAS, LA 70570

**Operator ID: 45372**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ABC ANDERSON  
PO BOX 995  
OIL CITY, LA 71061

Operator ID: 47053  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES H ANDERSON  
450 DALZELL ST  
SHREVEPORT, LA 71104-2322

Operator ID: 5674  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KING D ANDERSON  
709 NELLIE STREET  
PINEVILLE, LA 71360

Operator ID: 6995  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEFFREY C ANDRE  
CYPRESS BEND DR  
GONZALES, LA 70737

Operator ID: 44395  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

RICHARD E ANDREPONT  
306 FACILE ROAD  
SCOTT, LA 70583

**Operator ID: 5003**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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Office of Public Health  
Engineering Services

**INVOICE**

SCOTT A ANDREWS  
135 BARNARD CIR  
HAUGHTON, LA 71037

**Operator ID: 21606**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HAYWARD ANDREWS, JR  
4487 OAKMOSS LN  
BATON ROUGE, LA 70812

Operator ID: 5048  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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INVOICE

TAMMY Y ANDREWS-BROCK  
5750 GROOM ROAD  
BAKER, LA 70714

Operator ID: 11832  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

MICHAEL J ANGE  
PO BOX 19013  
LAKE CHARLES, LA 70616

**Operator ID: 10890**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAM A ANGE, JR  
PO BOX 19013  
LAKE CHARLES, LA 70616-9013

Operator ID: 10891  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVIN L ANGE  
6005 CASH ST  
WESTLAKE, LA 70689

Operator ID: 43752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NEIL A ANGELLE  
1087 NURSERY HWY  
BREAUX BRIDGE, LA 70517

Operator ID: 30795  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RON ANIMASHAUN  
P.O. BOX 921  
NAPOLEONVILLE, LA 70390

Operator ID: 30826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LAWRENCE ANTOINE  
310 RIALS DR  
LAFAYETTE, LA 70508

Operator ID: 7516  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JACOB D APPLEBY  
5664 CHEYENNE TRAIL  
LAKE CHARLES, LA 70605

Operator ID: 43753  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MURPHY M ARCEMONT  
1709 VICTOR II BLVD  
MORGAN CITY, LA 70380

Operator ID: 113  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 3	20.00

Date Due : April 01, 2016

Total Due: 50.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TODD D ARCENEUX  
211 CARENCRO STREET  
CARENCRO, LA 70520

Operator ID: 10190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT K ARCENEUX  
7316 DANIELLE ROAD  
NEW IBERIA, LA 70560

Operator ID: 115  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

GREGORY P ARCENEUX  
P O BOX 5212  
LAFAYETTE, LA 70502-5212

**Operator ID: 118**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE P ARCENEUX, JR  
1710 S RICHFIELD RD  
DUSON, LA 70529

Operator ID: 16246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT B ARCENEUX  
301 EAST JEFFERSON  
LAKE CHARLES, LA 70605

Operator ID: 42713  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD J ARCENEUX, JR  
9234 LUCIEN ROAD  
CONVENT, LA 70723

Operator ID: 7851  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRENT ARDOIN  
PO BOX 1394  
EUNICE, LA 70535

Operator ID: 121  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JADEB W ARDOIN  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 46415  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

ALLAN J ARDOIN  
2303 JERLYN DR  
DENHAM SPRINGS, LA 70726

Operator ID: 8759  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MELVIN P ARGRAVE  
17045 ACADIA WAY  
PRAIRIEVILLE, LA 70769

Operator ID: 5330  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JUSTIN J ARGUELLO  
1100 N LEJEUNE  
KAPLAN, LA 70548

Operator ID: 36447  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TROY J ARMAND  
240 WEST CAPPEL ST  
MARKSVILLE, LA 71351

Operator ID: 11641  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT A ARMAND, JR  
P O BOX 93  
GRAND ISLE, LA 70358

Operator ID: 32526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROGER M ARMSTRONG  
9496 HWY 157  
HAUGHTON, LA 71037

Operator ID: 10991  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

TOMMYE L ARMSTRONG  
317 VENUS DR  
LAFAYETTE, LA 70501

**Operator ID: 14966**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN P ARMSTRONG  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171-5337

Operator ID: 2874  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROOSEVELT D ARMSTRONG  
1202 CARROLL ST  
TALLULAH, LA 71282

Operator ID: 36668  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RICHARD W ARMSTRONG  
PO BOX 522  
HAMMOND, LA 70404

Operator ID: 40383  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TYLER W ARMSTRONG  
PO BOX 522  
HAMMOND, LA 70404

Operator ID: 40387  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CODY L ARMSTRONG  
210 CYPRESS LAKE CIRCLE  
BENTON, LA 71006

Operator ID: 47036  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JARRED B ARNOLD  
720 REED STREET  
EUNICE, LA 70535

Operator ID: 28347  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LUCIO C ARRAMBIDE  
165 ERNEST LEMOINE RD  
COLFAX, LA 71417

Operator ID: 36147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERRY WARRANT  
423 CAPLES RD  
WEST MONROE, LA 71291

Operator ID: 6239  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM R ARRANT  
1955 CHINANOOK RD  
ELM GROVE, LA 71051

Operator ID: 7558  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES H ARTHUR  
145 SOUTH PARK DR  
SLIDELL, LA 70458

Operator ID: 27586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN W ARTIQUE, SR  
7533 JACKIE CT  
ADDIS, LA 70710

Operator ID: 134  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VANTREVAS C ARVIE  
143 AVE OF THE ACADIAN  
APT#6  
OPELOUSAS, LA 70570

Operator ID: 26006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

HENRY J ARY  
PO BOX 580  
MINDEN, LA 71058

**Operator ID: 5786**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL G ASHBY  
2020 BOBOLINK DRIVE  
ST. BERNARD, LA 70085

**Operator ID: 12326**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LARRY W ASHWORTH, JR  
939 HWY 394  
DERIDDER, LA 70634

Operator ID: 31006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES A ATEs  
1113 ALBRITTON RD  
BERNICE, LA 71222

Operator ID: 26566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

ROBBY W ATKINS  
PO BOX 52466  
SHREVEPORT, LA 71135

**Operator ID: 12209**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BOBBY R ATKINS  
44438 BOOKER II ROAD  
HAMMOND, LA 70403

Operator ID: 138  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIS M ATWELL  
POST OFFICE BOX 658  
JENA, LA 71342

Operator ID: 12506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRANDON S ATWOOD  
422 S MCMILLAN ST  
CHURCHPOINT, LA 70525

Operator ID: 40471  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

WALTER R AUBREY  
306 MORGAN ST  
SPRINGHILL, LA 71075

**Operator ID: 10992**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CARROLL J AUCOIN, JR  
7448 HWY 1 SOUTH  
DONALDSONVILLE, LA 70346

Operator ID: 150  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BETTY MAUCOIN  
7200 GREYWOOD DR  
SHREVEPORT, LA 71107

Operator ID: 24247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEITH A AUCOIN  
16335 JAY RD  
PRAIRIEVILLE, LA 70769

Operator ID: 26246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDY G AUCOIN  
2570 TUILERIE  
LAKE CHARLES, LA 70615

Operator ID: 7955  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MILTON MAUDLER  
530 DRIFTWOOD CRL  
SLIDELL, LA 70458

**Operator ID: 46772**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

EVAN MAUFIERI  
1201 MARY LEE ST  
FRANKLIN, LA 70538

Operator ID: 42306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAMIAN F AUGUST  
107 LUCY LANE  
EDGARD, LA 70049

Operator ID: 12327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RUDOLPH L AUGUST, JR  
2644 GENERAL COLLINS AVE  
NEW ORLEANS, LA 70114

**Operator ID: 153**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KERMAN J AUSTER  
1756 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

Operator ID: 156  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

GORDON AUSTIN  
545 KATHLEEN DR  
PONCHATOULA, LA 70454

**Operator ID: 157**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

VAN G AUSTIN  
1055 MULNIX SWITCH ROAD  
ATHENS, LA 71003

Operator ID: 158  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LESLIE J AUTTONBERRY  
P O BOX 1062  
STERLINGTON, LA 71280

Operator ID: 37767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH E AUZENNE  
788 FRILOT COVE RD  
OPELOUSAS, LA 70570

Operator ID: 42082  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM E AVERETT  
P O BOX 41268  
BATON ROUGE, LA 70835

Operator ID: 37667  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GRANT D AVERY  
P O BOX 12902  
LAKE CHARLES, LA 70612

Operator ID: 168  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

DONALD AVERY  
226 SAN CARLOS CIR  
LAFAYETTE, LA 70506

**Operator ID: 22910**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NICOLAS J AVET  
5483 VICARI ST  
HOUMA, LA 70364

Operator ID: 40002  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLYDE L AYCOCK  
10556 HIGHWAY 146  
DUBACH, LA 71235

Operator ID: 170  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LAWRENCE P AYMAMI  
1209 MOISANT ST  
KENNER, LA 70062

Operator ID: 40483  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NATHAN P AYME  
443 PINE ST  
NORCO, LA 70079

Operator ID: 26226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ERROLL J AYMOND  
1700 OAK MANOR  
BUNKIE, LA 71322

Operator ID: 171  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LUFROI P AYMOND  
POST OFFICE BOX 900  
SIMMESPORT, LA 71369

Operator ID: 172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANDREW W BABB  
126 FACULTY DR  
LAFAYETTE, LA 70506

Operator ID: 5183  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JACOB J BABEL  
4945 KENNEDY DR  
ZACHARY, LA 70791

Operator ID: 43152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DARYL J BABIN  
4611 RAMON LABAUVE  
BRUSLY, LA 70719

Operator ID: 175  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

TEDDY J BABIN  
12277 JIM BABIN RD  
ST. AMANT, LA 70774

**Operator ID: 7170**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH E BABINEAU  
688 CHAPMAN RD  
FARMERVILLE, LA 71241

Operator ID: 7405  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDALL BABINEAUX  
PO BOX 213  
CADE, LA 70519

Operator ID: 179  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ELISHA BACHEMIN  
2035 GALLIER  
NEW ORLEANS, LA 70117

Operator ID: 20266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

PARNELL BAHAM  
135 CHARLES SINAGRA AVE  
INDEPENDENCE, LA 70443

Operator ID: 47234  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

APRIL G BAIAMONTE  
22404 OUAIL HOLLOW RD  
LORANGER, LA 70446

Operator ID: 19946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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INVOICE

VICTORIA D BAIAMONTE  
27100 CHEF MENTEUR HWY  
NEW ORLEANS, LA 70129

Operator ID: 42932  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY R BAILEY  
1849 GOOS ROAD  
LAKE CHARLES, LA 70611

Operator ID: 35026  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

TAMALA A BAILEY  
117 MARLABEE DR  
MONROE, LA 71201

Operator ID: 38870  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

OSAI K BAILEY  
6601 KAWANEE AVE  
METAIRIE, LA 70003

Operator ID: 39670  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARL J BAKER  
6523 JOYCE STREET  
ALEXANDRIA, LA 71302

Operator ID: 11852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J BAKER  
1020 LEGER RD  
BREAUX BRIDGE, LA 70517

Operator ID: 197  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERRY W BAKER  
2209 CLINTON ST  
BOSSIER CITY, LA 71111

Operator ID: 201  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RYAN L BAKER  
154 SAGEWOOD DRIVE  
THIBODAUX, LA 70301

Operator ID: 21046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOE BAKER  
12254 LA MARGIE #189  
BATON ROUGE, LA 70815

Operator ID: 40083  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARION M BAKER  
3205 BLANCHARD RD  
SHREVEPORT, LA 71103

Operator ID: 44501  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WILLIAM M BAKER  
60383 CERISE DR  
LACOMBE, LA 70445

Operator ID: 45552  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JESSE L BAMBURG, JR  
523 TRAILS END  
HAUGHTON, LA 71037

Operator ID: 16867  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

VERNON BANKS  
41224 HAPPYWOODS RD  
HAMMOND, LA 70403

Operator ID: 218  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WENDELL R BANKS  
7600 MALVERN DR  
NEW ORLEANS, LA 70118

Operator ID: 35393  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MACK K BANKS  
1415 LAWHORN ST  
HOMER, LA 71040

Operator ID: 36505  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EARNEST L BANKS  
5419 OLD SLAUGHTER ROAD  
ZACHARY, LA 70791

Operator ID: 36870  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RUSSELL BANKS  
5837 EAST JUDGE PEREZ DR  
CHELMETTE, LA 70092

Operator ID: 5979  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DERINDA S BANKS  
2723 LONG BRANCH CIRCLE  
SHREVEPORT, LA 71118

Operator ID: 6792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDON L BANKSTON  
9393 MUNSON DRIVE  
ZACHARY, LA 70791

Operator ID: 11791  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHAD M BANKSTON  
39649 GAYLE ROAD  
PONCHATOULA, LA 70454

Operator ID: 20046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAWRENCE A BANKSTON  
2118 NORTH BUTTERFLY CIRC  
GRETNA, LA 70056

Operator ID: 5471  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RANDALL E BANKSTON  
28005 CHELSEA STREET  
WALKER, LA 70785

Operator ID: 6290  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CONNIE R BANTA  
3130 LIVE OAK DR  
BRUSLY, LA 70719

Operator ID: 8498  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HEATH C BARCIA  
3304 VOLPE  
CHALMETTE, LA 70044-1278

Operator ID: 5952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HUBERT BARDELL  
3852 W LA STATE DR.  
KENNER, LA 70065

Operator ID: 10627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENNETH L BARDETT  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171-5337

Operator ID: 228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

DONALD R BARFIELD  
2808 MADDOX ST  
MONROE, LA 71202

Operator ID: 42952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAMONE G BARKER  
712 WEST SALE RD  
LAKE CHARLES, LA 70605

Operator ID: 42707  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PATRICIA BARNABA  
925 COUNTRY RIDGE ROAD  
OPELOUSAS, LA 70570

Operator ID: 234  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

RICKEY D BARNES  
192 PACE RD  
DUBBERLY, LA 71024

**Operator ID: 12211**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BILLY R BARNES  
P.O. BOX 366  
BLANCHARD, LA 71009

Operator ID: 24306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

BENJAMIN J BARNES  
22795 HWY 1032  
DENHAM SPRINGS, LA 70726

**Operator ID: 40424**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TEDDY E BARNES  
319 GOURD BAYOU RD  
MONROE, LA 71202

Operator ID: 40476  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SCOTT R BARNETT  
7125 CYPRESS STREET  
WEST MONROE, LA 71291

Operator ID: 11215  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEVEN J BARRAS  
PO BOX 7126  
SHREVEPORT, LA 71137

Operator ID: 247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LARRY P BARRAS, SR  
240 FLAMINGO ROAD  
MORGAN CITY, LA 70380

Operator ID: 248  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

DANIEL J BARRILLEAUX, JR  
3312 TIMBERLANE WAY  
#153  
HARVEY, LA 70058

Operator ID: 5608  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DIRK A BARRIOS  
152 EAST 43RD STREET  
CUT OFF, LA 70345

Operator ID: 252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KENNETH BARROW  
1638 ROCKSPRINGS BLVD  
SHREVEPORT, LA 71119

Operator ID: 10711  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RUSSELL BARROW  
POST OFFICE BOX 982  
GRAY, LA 70359

Operator ID: 4986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ARMOND J BARTH  
2717 LEGEND DR  
MERAUX, LA 70075

Operator ID: 31746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TODD A BARTHELEMY, JR  
228 LORRAINE DR  
BELLE CHASSE, LA 70037

Operator ID: 36503  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL S BARTHELEMY  
611 TUCKER AVE  
JEFFERSON, LA 70121

Operator ID: 39690  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DWIGHT S BARTHOLOMEW  
306 JEAN ST  
HOUMA, LA 70360

**Operator ID: 261**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ZACHARY S BARTHOLOMEW  
120 BARHOLOMEW LANE  
BURAS, LA 70041

Operator ID: 34986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEVIN S BARTHOLOMEW  
POST OFFICE BOX 720  
PORT SULPHUR, LA 70083

Operator ID: 5894  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JORDAN C BARTLETT  
14054 HWY 1146  
DERIDDER, LA 70634

**Operator ID: 44578**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

SHAWN G BARTON  
345 BEECH SPRINGS RD  
MINDEN, LA 71055

**Operator ID: 266**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH E BASCO  
2359 MC KEITHEN DRIVE  
ALEXANDRIA, LA 71303

Operator ID: 11569  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES H BASS  
2021 INDUSTRIAL PK  
BLDG W  
ALEXANDRIA, LA 71303

Operator ID: 273  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEVEN D BASS  
4019 OCTAVIA ST  
NEW ORLEANS, LA 70125

Operator ID: 36509  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRUCE B BASS  
620 AVENUE A  
PORT ALLEN, LA 70767

Operator ID: 6407  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRENT M BATEMAN  
10514 STRINGER BRIDGE RD  
ST AMANT, LA 70774

Operator ID: 11217  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES C BATES, JR  
31328 SHANNON DR  
LACOMBE, LA 70445

Operator ID: 10436  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL W BATES  
3205 BLANCHARD RD  
SHREVEPORT, LA 71103

**Operator ID: 26567**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TAURUS C BATES  
3442 SUNSET DR  
SHREVEPORT, LA 71109

Operator ID: 26568  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES R BATES  
4828 SIDNEY LN  
LIVONIA, LA 70755

Operator ID: 7456  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LYNN B BATES  
4702 PLANTATION VILLAGE  
LOT #1  
NEW IBERIA, LA 70560

Operator ID: 8506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEVEN K BATES  
4702 PLANTATION VILLAGE  
LOT #1  
NEW IBERIA, LA 70560

Operator ID: 8507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARK D BATES  
4426 TACOMA BLVD  
SHREVEPORT, LA 71107

Operator ID: 8899  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DONALD R BATISTE  
1028 N PRATER  
LAKE CHARLES, LA 70601

Operator ID: 18206  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALBERETTA R BATISTE  
603 DAPHNE DR  
GONZALES, LA 70737

Operator ID: 19966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSHUA L BAUDOIN  
9905 HWY 339  
ABBEVILLE, LA 70510

Operator ID: 11218  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL J BAUDOIN  
3600 CORINNE AVE  
CHALMETTE, LA 70043

Operator ID: 297  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER J BAUDOIN  
9905 HWY 339  
ABBEVILLE, LA 70510

Operator ID: 39882  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NICHOLAS J BAUDOIN  
9905 HIGHWAY 339  
ABBEVILLE, LA 70510

Operator ID: 7893  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HUSTON R BAUM, II  
PO BOX 220  
GEORGETOWN, LA 71432

Operator ID: 7863  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRETT P BAYARD  
3909 WEST CONGRESS  
SUITE 101  
LAFAYETTE, LA 70506

Operator ID: 24307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RAMONA D BAYLOR  
6408 W CANAL BLVD  
SHREVEPORT, LA 71108

Operator ID: 44992  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ERIC C BAYS  
908 DEER PARK RD  
SHREVEPORT, LA 71107

Operator ID: 44436  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHIRLEY L BEALS  
55 CARRIE MAY ROAD  
DELHI, LA 71232

Operator ID: 10993  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BARBARA M BEAN  
P O BOX 352  
SPRINGFIELD, LA 70462

Operator ID: 45075  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GEORGE A BEARD  
447 LIBERTY CREEK RD  
LEESVILLE, LA 71446

Operator ID: 11573  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WINFORD T BEARD, JR  
601 W RUSH ST  
LINDEN, TX 75563

Operator ID: 33986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY W BEASLEY  
10619 HILL POINTE AVE  
BATON ROUGE, LA 70810

Operator ID: 43457  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HANNAH B BEATTY  
761 ELMWOOD ST  
SHREVEPORT, LA 71104

Operator ID: 42566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EMILE N BEAUDEAN  
3223 OLD SHED RD  
BOSSIER CITY, LA 71111

Operator ID: 33987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICKY R BEAUREGARD  
3426 SUGAR HOUSE ROAD  
ALEXANDRIA, LA 71302

Operator ID: 10994  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRAD BEAVAN  
6450 DOUBLE TREE DR  
BATON ROUGE, LA 70817

Operator ID: 40262  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES R BEAVER  
2100 ELMWOOD DR  
MONROE, LA 71201

Operator ID: 36847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID D BEAVERS  
8198 BRANDON R  
BATON ROUGE, LA 70809

Operator ID: 12526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRIS BEBEE  
22040 CARL HOPPE RD  
IOWA, LA 70647

Operator ID: 309  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

TERRY L BECHT  
106 FERNWAY LANE  
DUSON, LA 70529

**Operator ID: 310**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

DANIEL G BECK  
11555 ROBIN HOOD  
BATON ROUGE, LA 70815

Operator ID: 314  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH R BECKER  
2900 PEOPLES AVE.. ROOM 2  
NEW ORLEANS, LA 70122

Operator ID: 317  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT C BECKER  
13058 OUAIL MEADOW DR  
BATON ROUGE, LA 70817

Operator ID: 36527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEITH D BECNEL  
13882 CLIFFORD ST  
VACHERIE, LA 70090

Operator ID: 10657  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS E BEDWELL  
21017 VINCENT ACRES  
DENHAM SPRINGS, LA 70726

Operator ID: 37971  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLARENCE E BEEBE  
P O BOX 292  
HORNBECK, LA 71439

Operator ID: 18246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TROY E BELL  
113 WARWICK DRIVE  
MONROE, LA 71201

Operator ID: 35166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN S BELL  
401 DANIEL STREET  
KENNER, LA 70062

Operator ID: 35526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL I BELL  
9300 MELISSA WAY  
SHREVEPORT, LA 71115

Operator ID: 36729  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALEX M BELL, SR  
3365 JOYCE DRIVE  
BATON ROUGE, LA 70814

Operator ID: 9130  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

IAN BELLARD  
438 LEONIE ST  
CHURCH POINT, LA 70525

Operator ID: 41122  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL BELLARD  
1762 MONTGOMERY RD  
OPELOUSAS, LA 70570

Operator ID: 44952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROY E BELLEMIN  
4513 WOODLAWN DRIVE  
BALL, LA 71405

Operator ID: 11979  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

REBECCA N BELLEMIN  
1651 E. 70TH STREET - PMB  
SHREVEPORT, LA 71105

Operator ID: 25667  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

VICTORIA K BELLEMIN  
4513 WOODLAWN DR  
BALL, LA 71405

Operator ID: 37610  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRIAN D BELSOME  
2556 RIDGECREST RD  
MARRERO, LA 70072

Operator ID: 36828  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RODNEY J BELSOME  
29 DOGWOOD DR  
CARRIERE, MS 39426

Operator ID: 43512  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES T BEN  
1227 ANGUS RD  
VILLE PLATTE, LA 70586

Operator ID: 31947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GERALD V BENFATTI  
109 CIRCLEWOOD COURT  
SLIDELL, LA 70461

Operator ID: 340  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CARYN E BENJAMIN  
36457 MANCHAC TRACE AVE  
PRAIRIEVILLE, LA 70769

Operator ID: 11449  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVE A BENJAMIN  
36432 LAWRENCE ST  
SLIDELL, LA 70460

Operator ID: 343  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRUCE E BENNETT  
POST OFFICE BOX 790  
PEARL RIVER, LA 70452

Operator ID: 12328  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DANNY S BENNETT  
580 HWY 545  
DUBACH, LA 71235

**Operator ID: 25547**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

JOHNNY W BENNETT  
6463 HWY 112  
GLENMORA, LA 71433

Operator ID: 41802  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CECIL K BENNETT  
34699 OAK PLACE DR  
DENHAM SPRINGS, LA 70706

Operator ID: 6228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CARL W BENNETT, JR  
33135 MACK ROAD  
WALKER, LA 70785

Operator ID: 7311  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ROBERT J BENOIT  
1441 WEST VINE  
EUNICE, LA 70535

Operator ID: 26726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AMANDA L BENOIT  
1155 WEST 14TH ST  
CROWLEY, LA 70526

Operator ID: 36967  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LLOYD H BENOIT, JR  
356 FIRWOOD DR  
HOUMA, LA 70363

Operator ID: 4987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GERMAIN P BENOIT  
1579 DUCHAMP RD  
LOT#48  
BROUSSARD, LA 70518

Operator ID: 6695  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JACK D BENOIT  
4008 MOSS ST  
LAFAYETTE, LA 70507

**Operator ID: 7324**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TOBY D BENOIT  
1012 HWY 20  
THIBODAUX, LA 70301

Operator ID: 7628  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS A BENSON  
119 PENSION HILL RD  
COLUMBIA, LA 71418

Operator ID: 24406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLEOPHUS BENSON  
2747 ST ANN STREET  
NEW ORLEANS, LA 70119

Operator ID: 5661  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SEAN L BENTON  
74 HOLIDAY DRIVE  
MONROE, LA 71203

Operator ID: 6599  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WALTER J BERARD  
7001 BUNDY RD APT B20  
NEW ORLEANS, LA 70127

Operator ID: 354  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD P BERGERON, II  
10303 SPRINGDALE AVENUE  
BATON ROUGE, LA 70810

Operator ID: 11163  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSHUA D BERGERON  
6655 EAST ACHORD  
BATON ROUGE, LA 70817

Operator ID: 11644  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TERENCE P BERGERON  
178 WISNER ST  
PARADIS, LA 70080

Operator ID: 21666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LINTON B BERGERON  
119 PLEASANT VALLEY DR  
DES ALLEMAND, LA 70030

Operator ID: 37450  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAUL J BERNARD  
539 DUMONDE DRIVE  
WESTWEGO, LA 70094

Operator ID: 371  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES R BERRY  
11485 TRAILS FEB RD  
OAK RIDGE, LA 71264

Operator ID: 42666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

CHERYL P BERRY  
22832 HICKEY CT.  
ZACHARY, LA 70791

**Operator ID: 5570**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLENN J BERTHELOT  
6422 BUECHE RD  
BUECHE, LA 70729

Operator ID: 10449  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN A BERTHELOT  
301 E D'AMOUR  
CHALMETTE, LA 70043

Operator ID: 36889  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES R BERTONIERE  
15185 DT. STEWART RD  
BOGALUSA, LA 70427

Operator ID: 26307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROLAND BERTONIERE  
831 PERCE BLVD.  
BOGALUSA, LA 70427

Operator ID: 7402  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LARRY D BERTRAND  
5233 LORRAINE STREET  
ADDIS, LA 70710

Operator ID: 11443  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSH A BERTRAND  
3116 SWANSON'S LANDING  
KARNACK, TX 75661

Operator ID: 12213  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

CHESTER J BERTRAND  
22821 HWY 22 LOT # 12  
MAUREPAS, LA 70449

Operator ID: 15006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BEVERLY S BERTRAND  
151 BESSIE ST  
EUNICE, LA 70535

Operator ID: 18286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

GARY C BERTRAND  
PO BOX 150  
ROUTING BLDG 8010  
PLAQUEMINE, LA 70765-0150

Operator ID: 385  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID F BERTRAND  
9905 HWY 339  
ABBEVILLE, LA 70510

Operator ID: 388  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MELVIN J BERTRAND, JR  
1087 BAYOU ALEXANDER HWY  
ST MARTINVILLE, LA 70582

Operator ID: 6413  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH J BERTRAND  
414 MIKE DRIVE  
PATTERSON, LA 70392

Operator ID: 8315  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID J BERTUCCI  
1500 CUTTYSARK COVE  
SLIDELL, LA 70458

Operator ID: 392  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NATHAN O BESSE  
702 COMMUNITY ST  
ARABI, LA 70032

Operator ID: 18307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

ALLEN R BEST  
136 HWY. 855  
DELHI, LA 71232

Operator ID: 6998  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERRY L BETZ  
P.O. BOX 569  
PRAIRIEVILLE, LA 70769

Operator ID: 31386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRYAN T BIAGASE  
836 MILLER RD  
OPELOUSAS, LA 70570

Operator ID: 36149  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH W BIAGASE  
920 SOUTH BULLARD STREET  
OPELOUSAS, LA 70570

Operator ID: 6614  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GEORGE A BICKFORD  
49462 LYNN LANE  
TICKFAW, LA 70466

Operator ID: 24108  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

IRMA J BICKHAM  
44191 WILBUR SMITH ROAD  
FRANKLINTON, LA 70438

Operator ID: 10197  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEROY J BICKHAM, JR  
209 WEST 29TH AVE  
COVINGTON, LA 70433

Operator ID: 2872  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD A BICKHAM  
30065 BENNY KING RD  
FRANKLINTON, LA 70438-9203

Operator ID: 29767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FRANK S BICKHAM, JR  
38620 BENNIE MORRIS ROAD  
MT. HERMON, LA 70450

Operator ID: 30328  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

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Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLIFTON M BIGNER  
3616 VERONICA DRIVE  
CHALMETTE, LA 70043

Operator ID: 11337  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL A BIHM  
167 GENTRY DRIVE  
WASHINGTON, LA 70589

Operator ID: 36852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

COREY J BILLEDEAUX  
175 RAYMOND SANNER LN  
HACKBERRY, LA 70645

Operator ID: 26087  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EUGENE C BILLIOT, JR  
2724 RIVERBEND RD  
VIOLET, LA 70092

Operator ID: 36155  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BERYL A BILLIOT  
19173 HWY 1055  
KENTWOOD, LA 70444

Operator ID: 41203  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DENNIS K BILLODEAUX  
627 SOUTH LOUISE  
JENNINGS, LA 70546

Operator ID: 46512  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRIS A BINFORD  
3888 WRIGHT RD  
SULPHUR, LA 70663

Operator ID: 36150  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GLENN BINFORD  
260 NORTH SHORELINE DR  
MANY, LA 71449

Operator ID: 36151  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DATHAN A BISHOP  
156 OAKWOOD DR  
DENHAM SPRING, LA 70726

Operator ID: 44812  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS C BIZZELL  
3537 OAK HILL RD  
ZACHARY, LA 70791

Operator ID: 41444  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAWSON L BLACKARD  
6171 DOGWOOD HILLS ROAD  
BASTROP, LA 71220

Operator ID: 416  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

CARL E BLACKMON, MR  
177BLACKMON LANE  
MERRYVILLE, LA 70653

Operator ID: 43892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RANDY F BLACKWELL  
POST OFFICE BOX 149  
ALBANY, LA 70711

Operator ID: 422  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM G BLADES  
12858 OXLEY DR  
BATON ROUGE, LA 70816

Operator ID: 45074  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

PETER A BLAHA  
70151 KELLEY RD  
MANDEVILLE, LA 70471

**Operator ID: 45292**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERMAINE A BLAINE  
3324 BACK MARIAS  
NAPOLEONVILLE, LA 70390

Operator ID: 38398  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN J BLAKE  
44394 DEER RIDGE RD  
ROBERT, LA 70455

Operator ID: 41466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILSON T BLAKE  
7341 SHEFFIELD ST  
NEW ORLEANS, LA 70126-2719

**Operator ID: 426**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

LELAND J BLANCHARD  
16071 JAROD DR  
PRAIRIEVILLE, LA 70769

**Operator ID: 10425**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

LENNIS J BLANCHARD, JR  
POST OFFICE BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 10426**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN C BLANCHARD  
1315 BULLRUSH DR  
BATON ROUGE, LA 70810

Operator ID: 11535  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JUSTIN P BLANCHARD, JR  
19404 PEBBLE BEACH DR  
BATON ROUGE, LA 70809

Operator ID: 12986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JUSTIN K BLANCHARD  
62805 BAYOU RD  
PLAQUEMINE, LA 70710

Operator ID: 14046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROSS M BLANCHARD  
702 VETERANS ST  
LOCKPORT, LA 70374

Operator ID: 38028  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ARTHUR C BLANCHARD  
24511 PECAN MEADOW DR  
PLAQUEMINE, LA 70764

Operator ID: 41283  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ERIC BLANCHARD  
214 LEONARD ST  
RACELAND, LA 70394

Operator ID: 436  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

COLLINS J BLANCHARD, JR  
21453 EAST PREVOST LANE  
LORANGER, LA 70446

Operator ID: 443  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

RODNEY P BLANCHARD  
10 WILLOW LANE  
GRETNA, LA 70053

**Operator ID: 5932**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

KELLEY J BLANK  
2133 BRIGNAC ST  
PAULINA, LA 70763

Operator ID: 33526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

EDDIE BLANSON, JR  
106 BARTON ST  
TALLULAH, LA 71282

Operator ID: 445  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DARREN L BLEVINS  
PO BOX 1451  
WALKER, LA 70785

Operator ID: 27768  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BOBBY D BLOSSOM  
257 NEW ZION RD  
WINNSBORO, LA 71295

Operator ID: 19986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

COLLIN E BLOUIN  
804 CHICKASAW DR  
OPELOUSAS, LA 70570

**Operator ID: 6897**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JACK O BLUE  
8190 BLANCHARD LATEX RD  
SHREVEPORT, LA 71107

Operator ID: 16306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RAYMOND C BOBO  
215 TERRY DR  
MAURICE, LA 70555

Operator ID: 38050  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

QOURTNEY E BOGAN  
4306 COLE PLACE  
SHREVEPORT, LA 71109

Operator ID: 36572  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD L BOLDEN  
3500 TIMBERWOLF  
NEW ORLEANS, LA 70131

Operator ID: 11393  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LARRY M BOND  
164 MC BRIDE  
RUSTON, LA 71273

Operator ID: 8903  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT E BONIN  
14801 GEORGE RD  
KAPLAN, LA 70548

**Operator ID: 28355**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS W BONNER  
508 S COX ST  
BASTROP, LA 71220

Operator ID: 10682  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADAM BONNET  
300 KNOLLWOOD DRIVE  
LAFAYETTE, LA 70506

Operator ID: 8490  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN T BONNETTE  
119 BEAU VISTA  
NATCHITOCHEs, LA 71458

Operator ID: 470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SAMUEL BONTON, JR  
4515 RALEIGH DR  
BATON ROUGE, LA 70814

Operator ID: 13126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY R BOONE  
4460 HWY 107  
PINEVILLE, LA 71360

Operator ID: 479  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

IAN D BOOTH  
1021 LAKELAND ST  
LAKE CHARLES, LA 70605

Operator ID: 10997  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SEAN M BOOTH  
1320 E GAUTHIER RD  
LAKE CHARLES, LA 70607

Operator ID: 12887  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AUSTIN R BOOTH  
1320 EAST GAUTHIER ROAD  
LAKE CHARLES, LA 70607

Operator ID: 18366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VICTOR C BOOTH  
21013 MILK PLANT ROAD  
LORANGER, LA 70446

Operator ID: 37837  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

DAVID R BOOTH  
1320 EAST GAUTHIER RD  
LAKE CHARLES, LA 70607

Operator ID: 481  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRIAN P BOQUET  
102 COON DR  
THIBODAUX, LA 70301

Operator ID: 10872  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRYAN D BORDELON  
PO BOX 3567  
PINEVILLE, LA 71361

Operator ID: 30786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMIE P BORDELON  
46 WOODCHASE CT  
VIOLET, LA 70082

Operator ID: 34887  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANKIE BORDELON  
POST OFFICE BOX 914  
SIMMESPORT, LA 71369

Operator ID: 485  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

TERRELL A BORDELON  
20318 WEINBERGER RD  
PONCHATOULA, LA 70454

**Operator ID: 5037**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

JERRY L BORDELON  
708 PALMETTO RD  
BENTON, LA 71006

Operator ID: 8150  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BYRON B BORDELON, III  
4615 SHERIDAN AVENUE  
METAIRIE, LA 70002

Operator ID: 9661  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMIE C BORDEN  
POST OFFICE BOX 651  
PORT SULPHUR, LA 70083

Operator ID: 6618  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MATTHEW W BORNE  
22968 N. ROSARY STREET  
VACHERIE, LA 70090

Operator ID: 28667  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BARRY J BORNE  
300 RICHLAND DRIVE  
THIBODAUX, LA 70301

Operator ID: 500  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD M BORRAS  
360 EVELYN DR  
LULING, LA 70070

Operator ID: 30527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RUBEN D BOSSIER  
P.O. BOX 221  
HAHNVILLE, LA 70057

Operator ID: 504  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARVIN P BOUDREAUX  
1763 DOCTOR BEATROUS RD  
THERIOT, LA 70397

Operator ID: 10998  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CARL J BOUDREAUX  
36420 NESSIE STREET  
WHITE CASTLE, LA 70788

Operator ID: 12546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RYAN T BOUDREAUX  
4901 13TH STREET  
MARRERO, LA 70072

Operator ID: 13426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RODERICK J BOUDREAUX  
709 9TH STREET  
GUEYDAN, LA 70542

Operator ID: 28686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

HENRY C BOUDREAUX  
13085 EAGLESWAY CT.  
GEISMAR, LA 70734

**Operator ID: 35428**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLOPHA BOUDREAUX, III  
1504 ANITA STREET  
SULPHUR, LA 70663

Operator ID: 527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL L BOUDREAUX  
177 CANADIAN LANE  
CHURCH POINT, LA 70525

**Operator ID: 5949**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEVE A BOUDREAUX  
406 TORONTO DRIVE  
LAFAYETTE, LA 70507

Operator ID: 6619  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEVEN B BOUDREAUX  
6621 FIRST STREET  
ALEXANDRIA, LA 71303

Operator ID: 7864  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES E BOULWARE  
21 IMOGENE ST  
WAGGAMAN, LA 70094

Operator ID: 529  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHELTON J BOURG  
306 BRULE RD  
LABADIEVILLE, LA 70372

Operator ID: 38853  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADAM P BOURG  
303 FIELDCREST DR  
SCHRIEVER, LA 70301

Operator ID: 4988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID P BOURG  
503 BAYOU GARDENS DR  
HOUMA, LA 70364

Operator ID: 530  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TODD A BOURGEOIS  
103 DOGWOOD DRIVE  
LULING, LA 70070

Operator ID: 14826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

BRAD C BOURGEOIS  
5029 PAGE STREET  
MARRERO, LA 70072

Operator ID: 34006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANTHONY S BOURGEOIS  
PO BOX 671  
KROTZ SPRINGS, LA 70750

Operator ID: 45535  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

NELSON J BOURGEOIS  
302 ASPEN DR  
RACELAND, LA 70394

Operator ID: 5726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRAD J BOURGEOIS  
2550 LA HWY 44  
PAULINA, LA 70763

Operator ID: 7840  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRAVIS J BOURGOYNE  
4809 AVERY GRACE BLVD  
ADDIS, LA 70710

Operator ID: 8538  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DREW J BOURQUE  
113 BERGERON LOOP  
CARENCRO, LA 70520

Operator ID: 549  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRENT C BOURQUE  
P O BOX 561  
BALDWIN, LA 70514

Operator ID: 6965  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARTIN BOUTTE  
PO BOX 322  
BERWICK, LA 70342

Operator ID: 7914  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TY T BOWIE  
476 TWIN BRIDGES RD  
APT# 906  
ALEXANDRIA, LA 71303

Operator ID: 35706  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRACY A BOWLING  
2355 LAKESIDE LOOP  
MANY, LA 71449

Operator ID: 8905  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD L BOYD  
108 MORGAN RD  
WEST MONROE, LA 71291-8436

Operator ID: 8540  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KRISTIN G BOYD  
305 ASH ST  
HOUMA, LA 70363

Operator ID: 9292  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERRY BOYETT  
1617 OLIVE  
OLLA, LA 71465

Operator ID: 5131  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HERSHEL H BOYETTE, JR  
1381 LINTON ROAD  
BENTON, LA 71006

Operator ID: 11594  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID L BOYKIN  
8900 WEIRWOOD ROAD  
SHREVEPORT, LA 71129-4639

Operator ID: 565  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRY L BOZEMAN, II  
1949 HWY 449  
PINE GROVE, LA 70453

Operator ID: 11445  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DANA L BOZEMAN  
7615 MAGNOLIA BEACH RD  
APT 16-H  
DENHAM SPRING, LA 70726

Operator ID: 42740  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROYDAN D BOZEMAN, III  
10953 N SHORELINE DR  
BATON ROUGE, LA 70809

Operator ID: 8431  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ERIC J BRABHAM  
1082 SUGGS ROAD  
PORT ALLEN, LA 70767

Operator ID: 6622  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES A BRACEY  
59656 PULESTON RD  
AMITE, LA 70422

Operator ID: 569  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES L BRADDOCK  
POST OFFICE BOX 272  
GRAYSON, LA 71435

Operator ID: 6601  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

FILMORE BRADFORD, JR  
7035 VILLERE  
BAKER, LA 70714

**Operator ID: 37087**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHANE M BRADFORD  
729 EAST ANAMOSA ST  
APT 204  
RAPID CITY, SD 57701

Operator ID: 42222  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EUGENE M BRADLEY  
11555 SOUTHFORK AVENUE  
APT# 1084  
BATON ROUGE, LA 70816

Operator ID: 11450  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD L BRADLEY  
3005 SUNDORN ST  
JEFFERSON, LA 70121

Operator ID: 45008  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DONALD R BRADLEY  
546 BARRY ST  
SHREVEPORT, LA 71104

Operator ID: 45416  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY J BRADLEY, SR  
1106 ST LANDRY HWY  
ST LANDRY, LA 71367

Operator ID: 8856  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT E BRADSHAW  
109 JANICE DR EXT  
SPRINGHILL, LA 71075

**Operator ID: 8542**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARYLOU BRADY  
1004 MICHAEL ST  
PATTERSON, LA 70392

Operator ID: 12548  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LOUIS J BRADY  
106 LAC VERRET  
LULING, LA 70070

Operator ID: 7839  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN A BRANCH  
2200 N SUGAR RIDGE  
LAPLACE, LA 70068

Operator ID: 37309  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J BRANDT  
201 HOLIDAY BLVD  
SUITE 150  
COVINGTON, LA 70433

Operator ID: 582  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANDREA S BRANDY  
1122 S WASHINGTON ST  
BASTROP, LA 71220

Operator ID: 34007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KIM L BRANTLEY  
117 BILL KELLEY RD  
DODSON, LA 71422

Operator ID: 586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH M BRANTLEY  
5849 HWY 588  
PIONEER, LA 71266

Operator ID: 588  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLENN L BRASSEAU  
5005 N UNIVERSITY  
CARENCRO, LA 70520

Operator ID: 12549  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BYRON P BRAUD  
130 HUNT ST  
BELLE CHASSE, LA 70037

Operator ID: 13387  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARREN BRAUD  
17471 LES CHENIER BLVD  
PRAIRIEVILLE, LA 70769

Operator ID: 9061  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENT S BRAUD  
12478 FOREST BRAUD LANE  
GONZALES, LA 70737

Operator ID: 9574  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHESTER B BRAXTON  
POST OFFICE DRAWER 947  
KINDER, LA 70648

Operator ID: 11421  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ELISIE E BREAUX, JR  
115 LEONIE STREET  
PIERRE PART, LA 70339

Operator ID: 11140  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JIMMY A BREAUX  
3464 PLANTATION DR  
ADDIS, LA 70710

Operator ID: 20086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROLAND P BREAUX  
128 PINE STREET  
DES ALLEMANS, LA 70030

Operator ID: 36471  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WADE J BREAUX  
109 BAYOU ESTATE SOUTH  
DE ALLEMAND, LA 70030

Operator ID: 44293  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DANIEL J BREAUX  
3300 CHUGGIE LANE  
NEW IBERIA, LA 70563

**Operator ID: 45093**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARY G BREAUX  
913 GRAND POINT AVE  
BREAUX BRIDGE, LA 70517

Operator ID: 45820  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDY L BREAUX, JR  
234 CARLON DRIVE  
DES ALLEMANS, LA 70030

Operator ID: 8907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DARREN M BREECHER, JR  
172 CAMBAY DR  
AVONDALE, LA 70094

**Operator ID: 16806**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

VERN A BRELAND  
503 HWY 2  
STERLINGTON, LA 71280

Operator ID: 22746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TROY B BRELAND  
63034 NORTHWOODS RD  
BOGALUSA, LA 70427

Operator ID: 27366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ARNOLD E BREWER  
168 BREWER ROAD  
LEESVILLE, LA 71446

Operator ID: 611  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD B BRIDGES  
153 BEN BRIDGES ROAD  
DOWNSVILLE, LA 71234-5439

Operator ID: 5788  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK J BRIGNAC  
75 ELMWOOD DR  
DESTREHAN, LA 70047

Operator ID: 27066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WADE B BRIGNAC  
107 DESIRE ST  
LAFAYETTE, LA 70506

Operator ID: 42284  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEFFREY S BRIGNAC  
5345 MAPLETON DR  
GREENWELL SPRINGS, LA 70739

Operator ID: 7735  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH BRISCOE  
2913 7TH STREET  
LAKE CHARLES, LA 70615

Operator ID: 26727  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONOVAN BRISCOE  
PO BOX 16  
FRANKLIN, LA 70538

Operator ID: 36456  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TERRY S BRISTER  
554 SHERWOOD DR  
LAKE CHARLES, LA 70612

Operator ID: 4984  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH L BROCK  
10178 LAKE PARK AVE  
GONZALES, LA 70737

Operator ID: 25307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WALTER E BROCK  
2850 GARDERE LANE  
BATON ROUGE, LA 70820

Operator ID: 638  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

CHRISTOPHER BROCK  
6685 PERIMETER DRIVE  
BATON ROUGE, LA 70812

**Operator ID: 7736**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSHUA L BROCKHOEFT  
306 MARIGNY AVE  
MANDEVILLE, LA 70448

Operator ID: 43212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JERRY A BROADHEAD, JR  
110 HILLCREST ROAD  
PINEVILLE, LA 71360

Operator ID: 30789  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD A BROOKS  
264 DOUGLAS LACEY ROAD  
SUGARTOWN, LA 70662

Operator ID: 645  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT G BROU, SR  
295 LOWE ST  
HAHNVILLE, LA 70057

**Operator ID: 5716**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MELICIA A BROUSSARD  
907 N IRVING AVE  
KAPLIN, LA 70548

Operator ID: 36454  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

COLBY M BROUSSARD  
107 CATHERINE DR  
LULING, LA 70070

Operator ID: 46074  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

OTIS P BROUSSARD  
14205 PARK RIDGE DR  
PRAIRIEVILLE, LA 70769

Operator ID: 5009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

DORA A BROUSSARD  
305 ROSIER STREET  
NEW IBERIA, LA 70563

**Operator ID: 5298**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD J BROUSSARD  
PO BOX 1135  
MINDEN, LA 71058-1135

Operator ID: 5378  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PATRICK W BROUSSARD  
112 BARBARA DRIVE  
SUNSET, LA 70584

Operator ID: 6172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY L BROUSSARD  
218 LINDEN LEWIS RD  
YOUNGVILLE, LA 70592

Operator ID: 6237  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CAROL P BROUSSARD  
312 E. LEBLANC STREET  
DELCAMBRE, LA 70528

Operator ID: 658  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL J BROUSSARD  
4514 EAST ADMIRAL DOYLE D  
NEW IBERIA, LA 70560

**Operator ID: 659**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOE E BROUSSARD  
1229 CAROLYN DR  
ABBEVILLE, LA 70510

Operator ID: 6624  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BUSTER J BROUSSARD  
P.O. BOX 594  
CARENCRO, LA 70520

Operator ID: 6761  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JUANITA F BROUSSARD  
PO BOX 10831  
NEW IBERIA, LA 70562

Operator ID: 7335  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EUGENE BROUSSARD, JR  
1435 W GLORIA SW RD  
CARENCRO, LA 70520

Operator ID: 8545  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH K BROUSSARD  
4660 LA HWY 343  
MAURICE, LA 70555

Operator ID: 8752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GERTRUDE M BROWN  
8800 S CLAIBORNE AVENUE  
NEW ORLEANS, LA 70118

Operator ID: 10599  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LEROY K BROWN  
POST OFFICE BOX 19136  
SHREVEPORT, LA 71149

Operator ID: 10714  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARVIN H BROWN  
8201 PALM ST  
79-246  
NEW ORLEANS, LA 70118

Operator ID: 11394  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

KELVIN T BROWN  
8107 COMITE ACRES DR  
BAKER, LA 70714

**Operator ID: 14767**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHNNY R BROWN  
317 CATALPA LN  
DUBBERLY, LA 71024

Operator ID: 18386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN J BROWN  
118 GUY PEARL RD  
ALEXANDRIA, LA 71302

Operator ID: 21726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PATRICK J BROWN, SR  
41232 CHERRY HILL AVE  
PRAIREVILLE, LA 70769

Operator ID: 22627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD BROWN  
30203 SHERWOOD DR  
LACOMBE, LA 70445

Operator ID: 35413  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ZACHARIAH R BROWN  
23920 FIRST ST  
PLAQUEMINE, LA 70764

Operator ID: 38574  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY G BROWN  
22026 PAT O'BRIAN RD  
COVINGTON, LA 70435

Operator ID: 39711  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GARRETT J BROWN  
17 JOLLY RD  
DEVILLE, LA 71328

Operator ID: 40444  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MICHAEL D BROWN  
721 STH 12TH ST  
PORT ALLEN, LA 70767

Operator ID: 42304  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WYNDAL A BROWN  
P O BOX 1062  
ROSEPINE, LA 70659

Operator ID: 44712  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GEORGE D BROWN  
2560 JEANNE ST  
MARRERO, LA 70072

Operator ID: 45473  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

COREY J BROWN  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 46413  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

YANCY D BROWN  
1806 S JONES ST  
WINNFIELD, LA 71483

Operator ID: 47253  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ZACHARY J BROWN  
220 WHISPERWOOD BLVD  
SLIDELL, LA 70458

Operator ID: 47774  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL W BROWN  
6319 WOODSIDE DR.  
ZACHARY, LA 70791

**Operator ID: 4942**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLINTON D BROWN  
26 MARY STREET  
ALEXANDRIA, LA 71301

Operator ID: 5212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT L BROWN  
8150 HWY 171  
GRAND CANE, LA 71032

Operator ID: 5458  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN N BROWN  
621 HILL STREET  
EUNICE, LA 70535

Operator ID: 665  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NETTIE L BROWN  
9307 KILDARE PARK RD  
SHREVEPORT, LA 71119-3529

Operator ID: 676  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARL L BROWN  
123 THEO CT  
GIBSON, LA 70356

Operator ID: 679  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PETER N BROWN  
4315 HAMILTON ST  
NEW ORLEANS, LA 70118-2611

Operator ID: 685  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PHILIP BROWN, JR  
14376 ESSEN TERRACE DR  
GONZALES, LA 70737

Operator ID: 686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ROBERT E BROWN, II  
2467 GENERAL COLLINS AVE  
NEW ORLEANS, LA 70114

**Operator ID: 687**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ROBB BROWN  
9723 PLAINVIEW ROAD  
HORNBECK, LA 71439

Operator ID: 8234  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RICKEY D BROWN  
605 WELLINGTON DR  
HOUMA, LA 70360

**Operator ID: 8548**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES A BROWNING  
125 BRUSHY CREEK RD  
HORNBECK, LA 71439

Operator ID: 688  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KODY R BRUCE  
736 MARILYN RD  
LAKE CHARLES, LA 70611

Operator ID: 25674  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN L BRUCE  
P O BOX 55  
GEORGETOWN, LA 71432

Operator ID: 6422  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM A BRUCE  
4465 DEAN ST  
LAKE CHARLES, LA 70605

Operator ID: 692  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAWRENCE M BRUE  
8800 SOUTH CLAIBORNE  
NEW ORLEANS, LA 70118

Operator ID: 693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WALTER J BRUGH, JR  
316 WEST MAIN STREET  
NEW IBERIA, LA 70560

Operator ID: 694  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

YOLAND BRUMFIELD  
112 REFUGE DR  
LULING, LA 70070

Operator ID: 23526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRY L BRUMFIELD  
46670 BRUMFIELD RD  
FRANKLINTON, LA 70438

Operator ID: 35828  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WANDA Y BRUMFIELD  
53422 CYPRAIN RD  
LORANGER, LA 70446

Operator ID: 5112  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GARY D BRUNER  
1450 BLACKLAKE RD  
HACKBERRY, LA 70645

Operator ID: 8882  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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INVOICE

BARRY C BRUNET  
176 GABI COURT  
THERIOT, LA 70397

Operator ID: 36534  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM H BRUNKHARDT  
1712 PILCHER RD  
MANY, LA 71449

Operator ID: 35926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MELVIN C BRUNSON  
359 NEWTON ROAD  
DRY PRONG, LA 71423

Operator ID: 699  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERRY W BRUNSON  
451 CRAMER ROAD  
BERNICE, LA 71222

Operator ID: 7185  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM R BRYANT  
PO BOX 553  
GRAND ISLE, LA 70358

Operator ID: 32588  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARYL T BRYANT  
POST OFFICE BOX 307  
DRY PRONG, LA 71423

Operator ID: 702  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TIM D BRYSON  
1513 NUBIN RIDGE  
CONVERSE, LA 71419

Operator ID: 11652  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DEBORA G BRYSON  
1513 NUBIN RIDGE  
CONVERSE, LA 71419

Operator ID: 44573  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN B BUCKELS, II  
PO BOX 1234  
MARKSVILLE, LA 71351

Operator ID: 37839  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

RUSSELL BUCKELS  
4509 W MEADOW LN  
LAKE CHARLES, LA 70605

**Operator ID: 705**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE BUCKLEY, JR  
CITY OF OAKDALE  
P O BOX 477  
OAKDALE, LA 71463

Operator ID: 707  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD W BUCKNER  
203 RICE RD  
MINDEN, LA 71055

Operator ID: 44580  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVE J BUHLER  
14678 FRENCHTOWN RD  
GREENWELL SPRINGS, LA 70739

Operator ID: 22686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER BUIE  
244 WEST 79TH STREET  
SHREVEPORT, LA 71106

Operator ID: 26326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

THOMAS L BULLER  
707 HWY 26  
ELTON, LA 70532

**Operator ID: 24967**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BENNY BULLITT  
390 OLD HIGHWAY 71  
COLFAX, LA 71417

Operator ID: 30790  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT N BULLOCK  
602 SOUTH 26TH STREET  
MONROE, LA 71261

Operator ID: 8323  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ASTI D BURDIS  
3042 HWY 1  
LABADIEVILLE, LA 70372

**Operator ID: 44113**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEVIN BURFECT  
N.O. SEWAGE & WATER BOARD  
8800 S. CLAIBORNE AVE.  
NEW ORLEANS, LA 70118

Operator ID: 7682  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH F BURFORD  
61383 TIMBERBEND DR  
LACOMBE, LA 70445

Operator ID: 43755  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CINDY M BURGE  
13629 AYDELL LANE  
WALKER, LA 70785

Operator ID: 25106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENNIS S BURGE  
6204 HWY 169  
MOORINGSPORT, LA 71060

Operator ID: 45332  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN M BURGO  
2408 KAREN ST  
THIBODAUX, LA 70301

Operator ID: 5704  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TAMMY B BURK  
P O BOX 955  
VINTON, LA 70668

Operator ID: 721  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VINCENT L BURKHALTER  
27193 EAST ELM  
LACOMBE, LA 70445

Operator ID: 724  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DOUGLAS W BURKMAN  
6219 E TEXAS ST  
LOT 100  
BOSSIER CITY, LA 71111

Operator ID: 44496  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLEMENT R BURKS  
PO BOX 1713  
HAUGHTON, LA 71037

Operator ID: 11891  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRAD J BURLEIGH  
36805 HWY 69 BYPASS  
WHITE CASTLE, LA 70788

Operator ID: 6152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JODY L BURLESON  
16014 CHANOVE AVENUE  
GREENWELL SPRINGS, LA 70739

Operator ID: 7000  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TROY R BURNS  
101 WOOD ST  
PINEVILLE, LA 71360

Operator ID: 11855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANK BURNS  
P O BOX 53  
LUTCHER, LA 70071

Operator ID: 14546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES W BURRIS, JR  
PO BOX 26  
FOLSOM, LA 70437

Operator ID: 733  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TERESA M BURROW  
3425 NOTTINGHAM LN  
MONTGOMERY, TX 77356-8014

Operator ID: 11228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES F BURTON  
PO BOX 29116  
SHREVEPORT, LA 71149

Operator ID: 25446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER J BUSBY  
10287 HWY 122  
DRY PRONG, LA 71423

Operator ID: 34366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LARRY BUSH  
2054 MARION COUNTY RD  
#3509  
JEFFERSON, TX 75657

Operator ID: 740  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TOMMY J BUSSIE  
4718 N BAYOU BLACK  
GIBSON, LA 70356

Operator ID: 5059  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

GILBERT A BUSTAMANTE  
203 BARRET DRIVE  
LULING, LA 70070

Operator ID: 7981  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARIE C BUTEAUX  
512 EAST PUTNAM STREET  
ERATH, LA 70533

Operator ID: 11880  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BENJAMIN BUTLER, JR  
8286 KINGVIEW STREET  
ST JAMES, LA 70086

**Operator ID: 12366**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

LEE BUTLER, III  
POST OFFICE BOX 576  
MARINGOUIN, LA 70757

Operator ID: 750  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LYLE B BUTLER  
P.O. BOX 502  
POLLOCK, LA 71467

Operator ID: 8175  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

CLEVELAND BUTLER, JR  
5761 EASTOVER DR  
NEW ORLEANS, LA 70128-1426

**Operator ID: 8858**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES BUTLER, JR  
58400 BARROW STREET  
PLAQUEMINE, LA 70764

Operator ID: 9667  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD B BUTTER  
45 HENDERSON RD  
FOREST HILL, LA 71430

Operator ID: 6053  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSHUA G BUTTS  
315 ST NICHOLAS ST  
LULING, LA 70070

Operator ID: 21746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALVIE BUXTON  
POST OFFICE BOX 457  
ELIZABETH, LA 70638

Operator ID: 10106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MELANIE BYES  
3442 BENNETT ST  
NEW ORLEANS, LA 70117

Operator ID: 12287  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RYAN G BYLSMA  
1350 PORT OF NEW PLACE  
NEW ORLEANS, LA 70130

Operator ID: 47733  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

CASEY D BYNOG  
310 GERMAINE ST  
BALL, LA 71405

**Operator ID: 40488**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENNETH R BYNUM  
4241 ROCKY MT DR  
BATON ROUGE, LA 70814

Operator ID: 14066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHAD A BYNUM  
121 DALTON RD  
WESTLAKE, LA 70669

Operator ID: 6042  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HORACE C BYNUM  
1200 N. BROAD STREET  
NEW ORLEANS, LA 70119

Operator ID: 9668  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

SHIRLEY I BYRD  
POST OFFICE BOX 730  
KENNER, LA 70063

**Operator ID: 11396**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALBERT A BYRD  
4024 WHITE SAND DR  
BATON ROUGE, LA 70814

Operator ID: 19626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TIMOTHY M BYRD  
P O BOX 1060  
DERIDDER, LA 70634

Operator ID: 39171  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN P BYRD  
131 WEST FIRST ST  
RESERVE, LA 70084

Operator ID: 44292  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDY BYRD  
2765 WYATT ROAD  
BELMONT, LA 71406

Operator ID: 7187  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEVIN J BYRD  
515 KINLER STREET  
LULING, LA 70070

Operator ID: 8868  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER L BYRLEY  
26 CENTER AVE  
SULPHUR, LA 70663

Operator ID: 46844  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KAYRON M CAESAR  
1702 DONNA DR.  
LOT #6  
FRANKLIN, LA 70538

Operator ID: 44434  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

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Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD CAESAR, SR  
624 CARDINAL STREET  
LAPLACE, LA 70068

Operator ID: 9998  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THELMA L CAGER  
PO BOX 341  
ARABI, LA 70032

Operator ID: 41409  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JUSTIN CAIN  
1104 APPLE ST  
VIDALIA, LA 71373

Operator ID: 22886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEITH A CALAMARI  
1028 RAYMOND DR  
METAIRIE, LA 70001

Operator ID: 20786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SALVADOR J CALATO  
14259 HIGHWAY 1078  
FOLSOM, LA 70437

Operator ID: 10701  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DONALD D CALCOTE  
629 LUM HARPER ROAD  
DERIDDER, LA 70634

Operator ID: 6626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS G CALDWELL, II  
9291 REDWOOD  
BASTROP, LA 71220

Operator ID: 39590  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ERIC J CALDWELL  
237 OILFIELD RD  
DUBACH, LA 71235

Operator ID: 48714  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STACY A CALDWELL  
POST OFFICE BOX 443  
MARION, LA 71260

Operator ID: 7408  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JIMMY D CALDWELL  
552 ANDREWS ROAD  
MARION, LA 71260

Operator ID: 7443  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DEAN A CALDWELL  
1634 LAKEVIEW STREET  
DERIDDER, LA 70634

Operator ID: 764  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARL A CALHOUN  
3170 HWY 849  
GRAYSON, LA 71435

Operator ID: 6206  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ASHLEY M CALLAHAN  
206 RAYWOOD DR  
HOUMA, LA 70360

Operator ID: 36267  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRAD J CALLEGAN  
58375 NEW CAMP RD  
WHITE CASTLE, LA 70788

Operator ID: 41404  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL J CALLEGARI  
110 RUSSELLS LANDING  
LOT 3  
MARKSVILLE, LA 71351

Operator ID: 5842  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RALPH L CALLEGARI  
1226 LINDEN GROVE ROAD  
CHURCH POINT, LA 70525

**Operator ID: 767**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

MARTY E CALLOWAY  
3108 DEAN DAY RD  
SULPHUR, LA 70663

Operator ID: 9589  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHRIS J CAMBRE  
173 GOODHOPE STREET  
NORCO, LA 70079

Operator ID: 8911  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LARRY L CAMBRICE  
1000 VAN TRUMP ST  
GRETNA, LA 70053

Operator ID: 41522  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANGELA J CAMPBELL  
210 DAVIS DRIVE  
MONROE, LA 71201-4819

Operator ID: 24609  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT E CAMPBELL  
4825 FAIRWAY VIEW DRIVE  
SHREVEPORT, LA 71107

Operator ID: 777  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOEY P CAMPO  
55618 OLD US 51  
INDEPENDENCE, LA 70443

Operator ID: 13486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH C CANGELOSI  
7075 NORTH RIVER RD  
PORT ALLEN, LA 70767

Operator ID: 785  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRIAN K CANNON  
1309 VIDRINE ST  
OPELOUSAS, LA 70570

Operator ID: 26007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADRIN CANNON  
3614 W METAIRIE AVE NORTH  
METAIRIE, LA 70001

Operator ID: 30566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WP	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH P CANNON  
4199 LEIGH DRIVE  
PINEVILLE, LA 71360

Operator ID: 5836  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

TROY V CANTER  
46068 GOLD PLACE ROAD  
ST AMANT, LA 70774

Operator ID: 5518  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BLAINE M CANTILLO  
3446 MAURA ST  
PAULINA, LA 70763

Operator ID: 43715  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CODY M CANTRELL  
8018 TEAL GLEN DR  
MOORINGSPORT, LA 71060

Operator ID: 40602  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDY P CAPELLO  
34211 JULES DR  
DONALDSONVILLE, LA 70346

Operator ID: 47042  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CAROL D CAREY  
8728 BELFAST ST  
NEW ORLEANS, LA 70118

Operator ID: 32590  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ELEANOR S CARLINE  
33135 A HWY 75  
PLAQUEMINE, LA 70764

Operator ID: 43032  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLIFTON C CARLINE  
33477 BAYOU SORREL RD  
PLAQUEMINE, LA 70764

Operator ID: 46094  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLYDE E CARLSON  
2137 S. LOPEZ STREET  
NEW ORLEANS, LA 70125

Operator ID: 25677  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHERREE M CARLSON  
10841 HWY 955 EAST  
ETHEL, LA 70730

Operator ID: 36748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MATTHEW A CARLSON  
451 COLUMBIA ST  
SHREVEPORT, LA 71104

Operator ID: 45276  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARCEY L CARMOUCHE  
POST OFFICE BOX 411  
BERWICK, LA 70342

Operator ID: 7833  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARL W CARPENTER  
483 COTTON PATCH ROAD  
PELICAN, LA 71063

Operator ID: 11901  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIRBY W CARPENTER, JR  
11162 TORIA LANE  
SAINT AMANT, LA 70774

Operator ID: 27367  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARLOS M CARPENTER  
PO BOX 54  
CALVIN, LA 71410

Operator ID: 36156  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MATTHEW D CARPENTER  
212 GILFORD AVE  
STERLINGTON, LA 71280-3316

Operator ID: 45175  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

CLINTON E CARPENTER  
P O BOX 462  
NATCHITOCHEs, LA 71457

**Operator ID: 799**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DEANDRIA L CARR  
7058 BRADFORD LANE  
JACKSON, LA 70748

Operator ID: 5168  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SHERWIN L CARRIER  
P O BOX 873  
OBERLIN, LA 70655

Operator ID: 31226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CONNIE A CARRIER  
9350 FALSE RIVER  
NEW ROADS, LA 70760

Operator ID: 9548  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL CARRIERE  
915 AUSTRIA ROAD  
DUSON, LA 70529

Operator ID: 11008  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TOMMY J CARRIERE  
1824 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

Operator ID: 5841  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH M CARRILLO  
2001 CAMMIE AVE  
JEFFERSON, LA 70003

Operator ID: 45177  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID S CARRODUS  
17145 MILLION DOLLAR ROAD  
COVINGTON, LA 70435

Operator ID: 10565  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

GEORGE O CARROLL, III  
3204 GRASSY LAKE DR  
BATON ROUGE, LA 70816

**Operator ID: 12031**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ALBERT J CARROLL  
223 EISENHOWER ST  
ST ROSE, LA 70087

**Operator ID: 6700**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KARL R CARROLL  
PO BOX 212  
TIOGA, LA 71477-0212

Operator ID: 806  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

VELLER R CARROLL  
403 VIDALIA DR  
RIDGCREST, LA 71334

Operator ID: 807  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

DAVID D CARSON  
1806 GIBBONS ST  
PINEVELE, LA 71360

Operator ID: 35889  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEAN S CARTER  
573 HWY 1085  
MADISONVILLE, LA 70447

Operator ID: 10460  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES J CARTER  
PO BOX 853  
SIMMESPORT, LA 71369

Operator ID: 10883  
Date: 1/27/2016

This is your 2016 /2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CHARLES R CARTER  
7382 WOOTEN DRIVE  
COLLINSTON, LA 71229

Operator ID: 11597  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

TOMMY J CARTER  
288 PACE ROAD  
WEST MONROE, LA 71291

**Operator ID: 2848**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOE B CARTER  
P O BOX 116  
HAYNESVILLE, LA 71038

Operator ID: 40722  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN S CARTER  
506 EVELYN AVE  
MOORINGSPORT, LA 71060

Operator ID: 41962  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CURLEY CARTER, JR  
PO BOX 484  
JEANERETTE, LA 70544

Operator ID: 47432  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00
OP-IN-TRAINING - WP	10.00
OP-IN-TRAINING - WT	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DARRYL F CARTER  
1025 TOWNSHEND NORTH  
GRETNA, LA 70056

Operator ID: 47652  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WOODROW W CARTER  
106 MABLE STREET  
WELSH, LA 70591

Operator ID: 5300  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONALD L CARTER  
39607 OAK LANE  
PONCHATOULA, LA 70454

Operator ID: 815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIEL J CARTER  
30048 HWY 36  
LACOMBE, LA 70445

Operator ID: 824  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ARCHIE J CARTER, JR  
6307 GENERAL MEYER AVENUE  
NEW ORLEANS, LA 70131

Operator ID: 825  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RAYMOND A CARTER  
3500 HOUSTON RIVER RD  
WESTLAKE, LA 70669

Operator ID: 9477  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

OTIS CARTER  
60441 MONROE CREEK ROAD  
ANGIE, LA 70426

Operator ID: 9836  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOEY G CARTINEZ  
295 TOM CORDOVA ROAD  
ZWOLLE, LA 71486-3070

Operator ID: 6797  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DARREL W CARTLIDGE  
149 STANDARD REED  
WEST MONROE, LA 71291

Operator ID: 11009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BILLY J CARVER  
103 CORNISH PLACE  
YOUNGSVILLE, LA 70592

Operator ID: 829  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JESSICA O CASANOVA  
2014 SNOWBIRD DR  
HARVEY, LA 70058

Operator ID: 46133  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
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INVOICE

BRUCE A CASEY  
10158 HWY 68  
JACKSON, LA 70748

Operator ID: 37371  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANTHONY J CASTEGLIA, IV  
1910 ANDRES STREET  
CHALMETTE, LA 70043

Operator ID: 836  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TROY V CASTIGLIONE  
23513 MITCHELL RD  
PICAYUNE, MS 39766

Operator ID: 37431  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TIMOTHY L CASTILOW  
3525 LANNON STREET  
SHREVEPORT, LA 71118-4212

Operator ID: 11348  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HUGH A CASTLEBERRY  
1231 WEST DRIVE  
APT C  
WESTWEGO, LA 70094

Operator ID: 36227  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENT CASWELL  
251 E VINE ST  
EUNICE, LA 70535

Operator ID: 37147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

RONALD W CASWELL  
PO BOX 177  
KEATCHIE, LA 71046

**Operator ID: 4936**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

JAMES A CATALANOTTO  
10010 ASHEVILLE DRIVE  
DENHAM SPRINGS, LA 70706

**Operator ID: 7651**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GORDON R CAUGHMAN  
#1 HILLCREST CR  
HAUGHTON, LA 71037

Operator ID: 8913  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JASON W CAUSEY  
6637 CAMERON OAKS DR  
BATON ROUGE, LA 70817

Operator ID: 34926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARLON M CAUSEY  
137 CAUSEY RD  
JENA, LA 71342

Operator ID: 45612  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

HARVEY Q CAUSEY  
PO BOX 415  
HODGE, LA 71247

Operator ID: 5376  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOE C CAWTHORN  
PO BOX 771  
MANSFIELD, LA 71052

Operator ID: 48438  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ZIANKA E CAYETTE  
2210 RICHLAND AVE  
GONZALES, LA 70737

Operator ID: 45854  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEVIN M CEDARS  
58 HWY 461  
HINESTON, LA 71438

Operator ID: 6161  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PRESTON J CELESTINE, JR  
P.O. BOX 28  
101 S PARKWOOD DR  
YOUNGSVILLE, LA 70592

Operator ID: 28526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROLAND CERF, JR  
10816 TIMBERLANE AVE  
BATON ROUGE, LA 70811

Operator ID: 24889  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARSHALL L CHADWICK  
70010 5TH STREET  
COVINGTON, LA 70433

Operator ID: 10920  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSIE L CHAIRS  
1219 31ST STREET  
KENNER, LA 70065

Operator ID: 32606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES E CHALMERS  
101 JACKSON CT  
VIDALIA, LA 71373

Operator ID: 5068  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY T CHAMBERS  
722 HORTON ST  
MINDEN, LA 71055

Operator ID: 2865  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LASHAUNA G CHAMBERS  
9205 BLUE SPRUCE DRIVE  
SHREVEPORT, LA 71118

Operator ID: 6798  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DONALD P CHAMBERS  
9332 WILLOW CREEK DRIVE  
GREENWELL SPRINGS, LA 70739

Operator ID: 867  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DWAYNE J CHAMPAGNE  
PO BOX 177  
CENTERVILLE, LA 70522

Operator ID: 41302  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

CRAIG J CHAMPAGNE  
1 WOODBERRY LN  
GRETNA, LA 70053

**Operator ID: 41344**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JUSTIN M CHAMPAGNE  
1046 JOE MOUTON RD  
ST MARTINVILLE, LA 70582

Operator ID: 44213  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DARRIN L CHAMPAGNE  
2435 ROBERT  
NEW ORLEANS, LA 70072

Operator ID: 47296  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ROBERT A CHAMPAGNE  
119 BAYOU ESTATES  
DES ALLEMANS, LA 70030

**Operator ID: 7198**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TIMOTHY P CHAMPAGNE  
WASTE STREAM SERVICES INC  
POST OFFICE BOX 107  
HOUMA, LA 70361

Operator ID: 7340  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS J CHAMPAGNE  
1420 MIRES ROAD  
MT. JULIET, TN 37122

Operator ID: 872  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TODD A CHAMPAGNE  
P O BOX 3564  
PARADIS, LA 70080

Operator ID: 873  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RUSTY J CHAMPAGNE  
257 ANNA STREET  
AMA, LA 70031

Operator ID: 879  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANNY W CHANDLER  
3088 GRAY'S CREEK ROAD  
DRY PRONG, LA 71423

Operator ID: 882  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ERIC C CHARLES  
5255 DICKENS DR  
BATON ROUGE, LA 70812

Operator ID: 49472  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOSEPH M CHARLES  
1012 WISDOM ROAD  
OPELOUSAS, LA 70570

Operator ID: 5857  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROYSTON P CHARRIER  
376 TYLER CEMETERY RD  
CENTER POINT, LA 71323

Operator ID: 6037  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JIMMY CHASE  
P.O. BOX 883  
100 SERITA ST  
NEWELLTON, LA 71357

Operator ID: 7200  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHARELL M CHATMAN  
105 MARK TWAIN DR APT 4  
RIVER RIDGE, LA 70123

Operator ID: 49932  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TYRELL CHATMAN  
324 WILKER NEAL AVENUE  
JEFFERSON, LA 70123

Operator ID: 897  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL D CHAUFFE  
P.O. BOX 98  
GROSSE TETE, LA 70740

Operator ID: 6267  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM B CHAUMONT  
PO BOX 1244  
OBERLIN, LA 70655

Operator ID: 5204  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL D CHAUVIN  
708 SOPHIA  
RIVER RIDGE, LA 70123

Operator ID: 5591  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EMERY R CHAUVIN  
520 PAYTON DRIVE  
SCHRIEVER, LA 70395

Operator ID: 7830  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARY M CHEEK  
PO BOX 238  
WISNER, LA 71378-0238

Operator ID: 906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHAWN M CHELETTE  
800 WINDER RD EAST  
APT 57  
THIBODAUX, LA 70301

Operator ID: 39822  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

ADAM L CHELLETTE  
315 NEAL ST  
RUSTON, LA 71270

Operator ID: 7411  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS S CHEN  
1716 POINTER CT  
BATON ROUGE, LA 70808

Operator ID: 8435  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

PATRICE CHENEVERT  
410 PINE LAKE DRIVE  
PINEVILLE, LA 71360

**Operator ID: 18526**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRYANT J CHENEVERT  
9531 SUMMERPOINT AVE  
BATON ROUGE, LA 70810

Operator ID: 48497  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TROY A CHENIER  
22788 NORTH OAK STREET  
VACHERIE, LA 70090

Operator ID: 7202  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD M CHERAMIE  
351 ADAMS STREET  
RACELAND, LA 70394

Operator ID: 28326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK A CHERAMIE, SR  
PO BOX 536  
HAMMOND, LA 70404

Operator ID: 5008  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MAIRTINE CHERRY  
101 SUGARHILL ROAD  
RAYVILLE, LA 71269

Operator ID: 24346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARQUS A CHESTER  
901 MOONEY AVE  
HAMMOND, LA 70403

Operator ID: 11767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONNIE P CHEVIS  
P.O. BOX 157  
LABADIEVILLE, LA 70372

Operator ID: 30368  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GRANT M CHIASSON  
508 PELICAN DRIVE  
RACELAND, LA 70394

Operator ID: 11451  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER T CHIASSON  
2108 PINE STREET  
HARVEY, LA 70058

Operator ID: 13507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GEORGE J CHIASSON  
30230 PHILIP SMITH RD  
LACOMBE, LA 70445

Operator ID: 16346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRIS M CHIASSON  
215 LUKE ST  
DES ALLEMANS, LA 70030

Operator ID: 35226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN P CHIASSON  
123 LEDET DRIVE  
THIBODAUX, LA 70301

Operator ID: 36767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRETT C CHIASSON  
120 PINE ST  
DES ALLEMANS, LA 70030

Operator ID: 38510  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KLEBERT J CHIASSON  
510 NORTH CEDAR STREET  
LOCKPORT, LA 70374

Operator ID: 4973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BENJAMIN H CHIASSON  
30230 PHILIP SMITH ROAD  
LACOMBE, LA 70445

Operator ID: 5974  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN W CHIASSON  
31818 PUTT MORAN LOOP  
LACOMBE, LA 70445

Operator ID: 9673  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEDRICK D CHISM  
9100 WALKER RD  
APT B13  
SHREVEPORT, LA 71118

Operator ID: 37979  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KERRY D CHOAT  
4520 LARRY LN  
SHREVEPORT, LA 71107-8934

Operator ID: 15126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DENNIS D CHOATE  
752 SOUTH PRINCETON  
MANSFIELD, LA 71052

Operator ID: 37828  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

ARLENE L CHOATE  
109 TESA DR  
SCOTT, LA 70583

**Operator ID: 6195**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MARK A CHOLLEY  
156 EAST LEE STREET  
SULPHUR, LA 70663

Operator ID: 922  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

COLBY S CHOPIN  
1105 E ANGELA  
GONZALES, LA 70737

Operator ID: 33286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MIKE A CHREENE  
100 WOODHAVEN DRIVE  
MINDEN, LA 71055

Operator ID: 7203  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRANCE CHRETIEN  
107 SPARROW ST  
NEW IBERIA, LA 70563

Operator ID: 36687  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL R CHRISTENSEN, JR  
91 MARTY LN  
PERKENSTON, MS 39573

Operator ID: 5481  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CARL C CHURCH  
1307 AUBURN AVE  
MONROE, LA 71201

Operator ID: 11809  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAULINE CITIZEN  
2428 SALMON ST  
LAKE CHARLES, LA 70605

Operator ID: 25206  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TONY G CLAIBORNE  
POST OFFICE BOX 58741  
NEW ORLEANS, LA 70158

Operator ID: 6200  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOEY W CLARIUS  
1703 SUSEK DRIE  
PINEVILLE, LA 71360

Operator ID: 35946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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INVOICE

CHAD A CLARK  
7594 HIGHWAY 75  
GEISMAR, LA 70734

Operator ID: 10427  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN R CLARK  
7566 HWY 175  
FRIERSON, LA 71027

Operator ID: 26346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LESTER M CLARK  
13770 MATT JAMES ROAD  
DENHAM SPRINGS, LA 70726

Operator ID: 30108  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONALD J CLARK  
17610 MESA VERDIE LANE  
IOWA, LA 70647

Operator ID: 36749  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

WARREN C CLARK  
7594 HWY 75  
GEISMAR, LA 70734

**Operator ID: 46412**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN J CLARK  
22815 HWY 386  
GROSSE TETE, LA 70740

Operator ID: 46718  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GARY W CLARK  
PO BOX 538  
PONCHATOULA, LA 70454

Operator ID: 5855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES R CLARK  
39245 LA HWY 16  
DENHAM SPRINGS, LA 70726

Operator ID: 6010  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH CLARK, JR  
7021 MORRISON ROAD  
NEW ORLEANS, LA 70126

Operator ID: 6070  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JAMES B CLARK  
37796 HWY 16  
DENHAM SPRINGS, LA 70726

Operator ID: 6431  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

TERRY J CLARK  
235 RACETRACK LANE  
RAYNE, LA 70578

Operator ID: 6628  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GLENN G CLARK  
2126 GEORGIA ST  
JEANERETTE, LA 70544

Operator ID: 940  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

REX F CLARK  
POST OFFICE BOX 933  
LOGANSPOUT, LA 71049-0933

Operator ID: 942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLARENCE CLAY  
301 NOTTINGHAM CIR  
LAFAYETTE, LA 70507

Operator ID: 25107  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANDERSON CLAY, JR  
1019 ORANGE GROVE AVE  
NEW IBERIA, LA 70560

Operator ID: 34046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JOHNNY CLAY  
42479 ALEX LANE  
PONCHATOULA, LA 70454

Operator ID: 6432  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH L CLAY, JR  
#1 BERNICE DR  
LULING, LA 70070

**Operator ID: 948**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOMINIQUE D CLAYTON  
226 LUCILLE ST  
LAKE CHARLES, LA 70601

Operator ID: 41983  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

NATHANIEL W CLEMENTS  
20056 SISTERS RD  
PONCHATOULA, LA 70454

**Operator ID: 13508**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM L CLENDENEN  
148 HEATHER LANE  
RUSTON, LA 71270-5167

Operator ID: 7826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLENN R CLINE  
14110 CHENAL RD  
JARREAU, LA 70749

Operator ID: 954  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANNY R CLINTON  
3565 WALKER FERRY ROAD  
POLLOCK, LA 71467

Operator ID: 955  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANKIE D CLOMAN  
734 HYDE PARK PLACE  
SHREVEPORT, LA 71108

Operator ID: 11336  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILFRED CLOPHUS, JR  
3121 HODGES ST  
LAKE CHARLES, LA 70601

Operator ID: 36468  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KELLY W CLOUD  
PO BOX 28  
HACKBERRY, LA 70645

Operator ID: 6014  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JACKIE P COATS  
11993 HWY 33  
CHOUDRANT, LA 71227

Operator ID: 12121  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SCOTTIE R COATS  
2187 HWY 151  
FARMERVILLE, LA 71241

Operator ID: 12122  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JIMMY A COATS  
840 POLEMAN RD  
SHREVEPORT, LA 71107

Operator ID: 6104  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EDWARD L COBB  
5372 JAMES CLARK DR  
SULPHUR, LA 70665

Operator ID: 12090  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GEORGE B COBB  
749 SOUTH PRINCETON DRIVE  
MANSFIELD, LA 71052

Operator ID: 37188  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

REGINALD F COBURN  
244 PINE CIR  
DOYLINE, LA 71023

Operator ID: 963  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GARY D COBURN  
POST OFFICE BOX 220  
PALMETTO, LA 71358

Operator ID: 964  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES C COCKERHAM  
215 BJ ROAD  
VIDALIA, LA 71373

Operator ID: 45912  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEFFREY A COCRAN  
303 PELICAN CRT  
SLIDELL, LA 70461

Operator ID: 6128  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID C CODY  
16101 ALPHONSE FORBES RD  
GREENWELL SPRING, LA 70739

Operator ID: 2867  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD COFFEY  
3312 JUDY DR  
MERAUX, LA 70075

Operator ID: 970  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLEN H COLBERT  
622 ALEX WAY  
HAUGHTON, LA 71037

Operator ID: 38930  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ERIC P COLE  
433 ROBERT SONNIER LANE  
OBERLIN, LA 70655

Operator ID: 16646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON L COLE  
1208 HINKLE DR  
WEST MONROE, LA 71291

Operator ID: 24266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT G COLE  
POST OFFICE BOX 456  
BETHANY, LA 71007

Operator ID: 8916  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHELBY W COLEMAN  
108 STEPHEN DR  
WEST MONROE, LA 71292

Operator ID: 11235  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHNNIE COLEMAN, JR  
48144 ROBERTSON RD  
TICKFAW, LA 70466

Operator ID: 25207  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID D COLEMAN  
1538 YALE AVE  
SHREVEPORT, LA 71103

Operator ID: 44636  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TOMMIE D COLLEY  
1205 GUM ST  
LOGANSPOUT, LA 71049

Operator ID: 34066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

EWING L COLLIER  
POST OFFICE BOX 343  
GRAMBLING, LA 71245

Operator ID: 11985  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RODNEY D COLLIER  
2144 LOUISIANA AVENUE  
BATON ROUGE, LA 70806

Operator ID: 38613  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

MARION N COLLIER  
P O BOX 187  
CROWVILLE, LA 71230

Operator ID: 5997  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARNELL COLLIER  
5163 FOREST PARK LANE  
NEW ORLEANS, LA 70131

Operator ID: 8249  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAROLD E COLLINS  
POST OFFICE BOX 184  
TALISHEEK, LA 70464

Operator ID: 12966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ADRIAN D COLLINS  
PO BOX 52832  
BATON ROUGE, LA 70892-2832

Operator ID: 28406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ISAAC COLLINS, III  
P O BOX 48  
RESERVE, LA 70084

Operator ID: 32089  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES E COLLINS, JR  
1823 JOSEPHINE ST  
NEW ORLEANS, LA 70113

Operator ID: 42748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SAMUEL C COLLINS  
720 UNION CHURCH RD  
WINNSBORO, LA 71295

Operator ID: 42852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KANDYCE K COLLINS  
1051 HALL ADDITION 2  
MONTGOMERY, LA 71454

**Operator ID: 46935**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAUL T COLLINS  
P.O. BOX 249  
CENTERVILLE, LA 70522

Operator ID: 5876  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAZEL E COLLINS  
71 SHEARWATER DR  
LAPLACE, LA 70068-6451

Operator ID: 6928  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TROY D COLLINS  
59310 RAGUSA RD  
PLAQUEMINE, LA 70764

Operator ID: 8833  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DIANNE COLLINS  
2744 ST ANN STREET  
NEW ORLEANS, LA 70119

Operator ID: 980  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

FELTON COLLINS, JR  
1412 VANARPEL DRIVE  
LAPLACE, LA 70068

Operator ID: 982  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANTHONY R COLOMBO, JR  
2705 FABLE ST  
MERAUX, LA 70075-2372

Operator ID: 991  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KARON L COLQUETTE  
11093 HWY. 585  
OAK GROVE, LA 71263

Operator ID: 32387  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SEAN B COLSON  
194 SANDRA ST  
NATCHITOCHEs, LA 71457

Operator ID: 18528  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JAN R COMARDELLE  
301 FIRST STREET  
DES ALLEMANS, LA 70030

**Operator ID: 11326**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SHANE M COMARDELLE  
169 FOLSE ROAD  
DES ALLEMANS, LA 70030

Operator ID: 18546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROSCOE COMARDELLE  
200 MALONEY RD  
DES ALLEMANS, LA 70030

Operator ID: 23188  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TY A COMARDELLE  
246 CARLON DR  
DES ALLEMANS, LA 70030

Operator ID: 36427  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD C COMEAUX  
120 HOUMA BLVD #10  
METAIRIE, LA 70001

Operator ID: 39795  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON P COMEAUX  
1933 ROSEMEADE DR  
SLIDELL, LA 70461

Operator ID: 45112  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY M COMPTON  
723 ARLINGTON LOT 2  
MORGAN CITY, LA 70380

Operator ID: 36158  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL A COMSTOCK  
2618 BIRON STREET  
MANDEVILLE, LA 70448

**Operator ID: 41406**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRENT L CONERLY  
13454 CJ VILLAR ROAD  
GONZALES, LA 70737

Operator ID: 12987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HARVEY M CONERLY  
25092 W. OLD COLUMBIA RD  
FRANKLINTON, LA 70438

Operator ID: 8230  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD N CONLAY, JR  
452 NELSON CONLAY ROAD  
SALINE, LA 71070-2643

Operator ID: 7985  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIAM M CONN  
543 JIM HINTON  
CHOUDRANT, LA 71227

Operator ID: 39922  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WESLEY CONNER, JR  
2915 FITZENREITER RD  
LAKE CHARLES, LA 70615

Operator ID: 27266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT L CONNER, JR  
522 CAUDRON LANE  
NEW IBERIA, LA 70560

Operator ID: 40462  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GREGORY A COOK  
PO BOX 116  
TALISHEEK, LA 70464

Operator ID: 1016  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAWN M COOK  
907 WESLEY AVE  
SHREVEPORT, LA 71107

Operator ID: 39337  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SARAH L COOLEY  
9239 HWY 8  
LEESVILLE, LA 71446

Operator ID: 11236  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JENNIFER L COOPER  
2521 SWISS ST  
WEST MONROE, LA 71291

Operator ID: 45534  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS R COOPER  
39668 OAKWOOD ESTATE  
PONCHATOULA, LA 70454

Operator ID: 7463  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES E COOPER  
723 ST CHARLES ST  
BOSSIER CITY, LA 71171

Operator ID: 8160  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

THOMAS B COPLIN  
40302 HAPPYWOODS ROAD  
HAMMOND, LA 70403

Operator ID: 36537  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RONALD C COPPLES  
1426 SHAW DR  
VINTON, LA 70668

Operator ID: 37210  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

HUGH CORBAN  
PO BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

Operator ID: 1030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIS D CORBIN  
2991 ROUNDHILL RD  
OAK GROVE, LA 71263

Operator ID: 42524  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JIMMY D CORDOVA  
1228 CHARLIE JONES RD  
GRAND CANE, LA 71032

**Operator ID: 1034**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WANDA J CORDOVA  
1228 CHARLIE JONES RD  
GRAND CANE, LA 71032

Operator ID: 1035  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENIS G COREIL  
6502 WOODSIDE  
ZACHARY, LA 70791

Operator ID: 32626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NATHAN L CORKERN  
29853 RED OAK RD  
LIVINGSTON, LA 70754

Operator ID: 1038  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN M CORKERN, SR  
12637 BROWN RD  
DENHAM SPRINGS, LA 70726

Operator ID: 31566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES W CORKERN  
9433 NIORTH R D  
ABBEVILLE, LA 70510

Operator ID: 44472  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH L CORKERN  
11222 SUNCREST CT.  
BATON ROUGE, LA 70818

Operator ID: 9679  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

ROGER L CORLEY  
375 MILLCREEK ROAD  
SALINE, LA 71070

Operator ID: 12312  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BILLY R CORLEY  
1590 HOMER ST  
POLLOCK, LA 71467

Operator ID: 5464  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PAUL E CORMANE  
911 HWY 494  
NATCHITOCHEs, LA 71457

Operator ID: 1040  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

KATHY G CORMIER  
POST OFFICE BOX 196  
ROANOKE, LA 70581

Operator ID: 10209  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARSHALL L CORMIER  
P O BOX 1535  
WALKER, LA 70785-1535

Operator ID: 40503  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRYAN K CORMIER  
P O BOX 204  
EGAN, LA 70531

Operator ID: 7097  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DWAYNE D CORNIN  
PO BOX 182  
POINTE-ALA-HACHE, LA 70082

Operator ID: 11617  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSHUA D CORRAO  
3046 LONE OAK  
SHREVEPORT, LA 71118

Operator ID: 29306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HERMAN J CORTEZ, JR  
168 CARLON DRIVE  
DES ALLEMANS, LA 70030

Operator ID: 1057  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GERALD J CORTEZ  
PO BOX 2465  
OPELOUSAS, LA 70571-2465

Operator ID: 34326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY COTTEN  
1054 NEWMAN ST  
SICILY ISLAND, LA 71368

Operator ID: 1061  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANETRA A COTTON  
4760 HWY 507  
COUSHATTA, LA 71019

Operator ID: 40403  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS L COTTON  
POB 453  
KROTZ SPRINGS, LA 70750

Operator ID: 9984  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD W COUCH  
8447 HWY 165  
POLLOCK, LA 71467

Operator ID: 15166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER P COUCH  
24560 PECAN POINTE DR  
PLAQUEMINE, LA 70764

Operator ID: 42022  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK S COUCH  
3632 GRAY MARKET DR  
LAKE CHARLES, LA 70605

Operator ID: 7987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DIANE R COUGHLIN  
4620 WINDSOR ST  
METAIRIE, LA 70001

**Operator ID: 47372**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DANNY F COURSON  
12487 WALLACE ROAD  
BASTROP, LA 71220

Operator ID: 1065  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE F COURTNEY  
35767 CANE MARKET RD  
DENHAM SPRINGS, LA 70706

Operator ID: 44872  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMMY J COURVILLE  
1074 SOSTHEN GUILBEAU ROA  
BREAUX BRIDGE, LA 70517

Operator ID: 8562  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MARK T COVINGTON  
7061 FLEUR DE LIS  
ZACHARY, LA 70791

Operator ID: 25209  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MALCOLM E COWDIN  
3812 BLOCK DR #157  
IRVING, TX 75038

Operator ID: 1071  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

MICHEAL M COWDIN  
P O BOX 130  
KEATCHIE, LA 71046

Operator ID: 39334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RANDY L COX  
POST OFFICE BOX 293  
NEW LLANO, LA 71461

Operator ID: 1072  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TERRY C COX  
485 BOBBY COX RD  
DOWNSVILLE, LA 71234

Operator ID: 10720  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

MARK A COX  
116 EAST 13TH STREET  
EDGARD, LA 70049

Operator ID: 12010  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DANIEL D COX  
478 WINDHAVEN RD  
DEQUINCY, LA 70633

Operator ID: 22646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES A COX  
712 BOZO RD  
BELL CITY, LA 70630

Operator ID: 7822  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Engineering Services

INVOICE

TIMOTHY J CRADEUR  
P O BOX 55  
MORSE, LA 70526

Operator ID: 37167  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

BILLY R CRAIG  
1347 WAFER RD  
HAUGHTON, LA 71037

Operator ID: 16927  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KERRY J CRAIG  
73 CONCORD LOOP  
PEARL RIVER, LA 70452

Operator ID: 44512  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID L CRAUN  
9215 HWY 165 SOUTH  
WOODWORTH, LA 71485

Operator ID: 8564  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARTIN F CRAWFORD, SR  
2321 W CHRISTIE ST  
ST BERNARD, LA 70085

Operator ID: 2844  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GARY J CRAWFORD  
226 MUDGE RD  
BOYCE, LA 71409

Operator ID: 7047  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIAM C CREARY  
209 FLAGG DRIVE  
HAUGHTON, LA 71037

**Operator ID: 28294**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PATRICK CREDEUR, JR  
400 TRAPPEY ROAD  
CARENCRO, LA 70520

Operator ID: 4976  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARROLL L CREDEUR  
1011 CARVER ST  
RAYNE, LA 70578

Operator ID: 8086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEFFERY L CREDEUR  
12401 FOLKLAND RD  
WELSH, LA 70591

Operator ID: 8087  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

KENNY E CREEL  
8075 HWY 126  
OLLA, LA 71465

**Operator ID: 7567**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LEE N CRIDER  
POST OFFICE BOX 623  
DRY CREEK, LA 70637

Operator ID: 10212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BILLY W CRIPPLE  
PO BOX 28  
WATSON, LA 70786-0028

Operator ID: 1092  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

AUDIE C CROSS  
731 BONNABEL BLVD  
METAIRIE, LA 70005

Operator ID: 41523  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALLAN D CROSS  
P O BOX 12066  
LAKE CHARLES, LA 70012

Operator ID: 44633  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS L CROTTY, III  
32044 LONGVIEW ST  
PAULINA, LA 70763

Operator ID: 13089  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

WILBUR T CROWSON  
3524 CONNETICUT AVE  
KENNER, LA 70065

**Operator ID: 7465**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMES L CRUM, II  
8951 HWY 124  
HARRISBURG, LA 71340

Operator ID: 18548  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

THOMAS E CRYAR  
3883 DEER RUN RD  
LAKE CHARLES, LA 70611

Operator ID: 46478  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

MERLIN CRYER  
3325 VILLERE ST  
MANDEVILLE, LA 70448

Operator ID: 36494  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAMUEL J CUCCIO  
145 TISON RD  
CARENCRO, LA 70520

Operator ID: 8164  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BENJAMIN A CULBERTSON  
76 JOHNSON LANE  
MANY, LA 71449

Operator ID: 16366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN F CULPEPPER, SR  
259 ROME RD  
JONESBORO, LA 71251

Operator ID: 18549  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

JOHN F CULPEPPER, JR  
252 ROME RD  
JONESBORO, LA 71251

Operator ID: 31146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL L CUMMINGS  
7536 TRICIA COURT  
NEW ORLEANS, LA 70128

Operator ID: 32627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONALD V CUNNINGHAM  
532 HUSEMAN LANE  
COVINGTON, LA 70435

Operator ID: 36159  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES F CUNNINGHAM  
12317 PHEASANTWOOD DRIVE  
BAKER, LA 70714

Operator ID: 9626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RUSTY P CUPSTID  
40053 BUR ST  
PONCHATOULA, LA 70454

Operator ID: 27386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CRAIG R CURE  
400 AYCOCK STREET  
ARABI, LA 70032

Operator ID: 32628  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANDREW J CURE  
400 AYCOCK ST  
ARABI, LA 70032

Operator ID: 6051  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH R CURL  
447 BOUCHER RD  
CONVERSE, LA 71419

Operator ID: 40470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEBRA J CURNEY  
128 SUGARWOOD BLVD  
HOUMA, LA 70360

Operator ID: 1122  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN D CURRAN  
1404 CELESTE ST  
VINTON, LA 70668

Operator ID: 6315  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM I CURRIE  
117 LAKE TYLER DRIVE  
PINEVILLE, LA 71360

Operator ID: 13206  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

LYNETTE CURRIER  
41505 RUE MAISON  
PONCHATOULA, LA 70454

**Operator ID: 9214**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RODNEY M CURTIS  
185 BELLE TERRE BLVD  
LAPLACE, LA 70068

Operator ID: 5145  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BOBBY O CUTRER, JR  
1331 9TH STREET  
KENTWOOD, LA 70444

Operator ID: 11019  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JASON S CUTRER  
2106 BRITTANY DR  
PORT ALLEN, LA 70767

Operator ID: 1126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

DAVID W CUTRER  
7868 KRIPPLE K  
DENHAM SPRINGS, LA 70706

Operator ID: 5406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMARCUS R DADE  
509 ABE BENTON RD  
CHOUDRANT, LA 70227

Operator ID: 39630  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERALD A DADE  
509 ABE BENTON  
CHOUDRANT, LA 71227

Operator ID: 43052  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONALD J DAIGLE  
103 BETH DR  
LAFAYETTE, LA 70507

Operator ID: 1131  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MALCOLM J DAIGLE  
2083 AMIE DRIVE  
IOWA, LA 70647

Operator ID: 12888  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J DAIGLE  
3225 BUNKER HILL ROAD  
LAKE CHARLES, LA 70611

Operator ID: 30767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DAVID A DALMAN  
109 GREENFIELD DRIVE  
CARENCRO, LA 70520

**Operator ID: 7343**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RUFINA C DALTON  
5110 PAINTERS ST  
NEW ORLEANS, LA 70122

Operator ID: 42768  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHILTON E DANIEL, JR  
1006 PARK AVE  
NEW IBERIA, LA 70560

Operator ID: 11021  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LISIMBA K DANIELS  
P O BOX 1321  
OPELOUSAS, LA 70571

Operator ID: 10973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STACI D DANIELS  
2149 LUMAS RD  
DERIDDER, LA 70634

Operator ID: 13227  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BERNARD DANIELS  
10535 HWY 182 WEST  
FRANKLIN, LA 70538

Operator ID: 6438  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GERALD T DANTIN  
14703 EAST MAIN ST  
CUTT OFF, LA 70345

Operator ID: 19134  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERRY R DANTZLER  
8738 LINKWOOD DR  
DENHAM SPRING, LA 70706

Operator ID: 32407  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONALD D DARBONNE  
650 N. 12TH STREET  
EUNICE, LA 70535

Operator ID: 1147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAUL J DARBONNE  
2901 SAVOY ST  
BASILE, LA 70515

Operator ID: 15186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ISAAC DARBONNE  
1487 FAIRMONT AVE  
MORGAN CITY, LA 70382

Operator ID: 30787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CALVIN J DARBONNE, JR  
204 A ADAM LANE  
DUSON, LA 70529

Operator ID: 6899  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

LARRY A DARBY, JR  
206 VIRGINIA ST  
JEANERETTE, LA 70544

Operator ID: 5551  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ELIZABETH S DARCE  
6311 AUDUBON SQUARE  
BATON ROUGE, LA 70817

Operator ID: 45006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRICE A DARDAR  
PO BOX 186  
FOREST HILL, LA 71430

Operator ID: 47232  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRANDON P DARDEAU  
1031 CRAIG ST  
VILLE PLATTE, LA 70586

Operator ID: 32346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVY W DARDEN  
3841 CHITIMACHA TRAIL  
JEANERETTE, LA 70544

Operator ID: 1152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TANNARD DARENSBURG  
2240 KILLINGTON DRIVE  
HARVEY, LA 70058

Operator ID: 8755  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TAMMY L DARRAH  
1422 GLENVIEW DRIVE  
DERIDDER, LA 70634

Operator ID: 7219  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DALE A DARTEZ  
6177 HWY 394  
DERIDDER, LA 70634

Operator ID: 47813  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ERIC D DARTEZ  
434 SID LN  
LAKE CHARLES, LA 70611

**Operator ID: 7533**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES DARTEZ  
10231 GULF HWY  
LAKE CHARLES, LA 70607

Operator ID: 9642  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD G DAUGHDRILL  
318 FOREST BROOK BLVD  
MANDEVILLE, LA 70448

Operator ID: 1158  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DENNIS L DAUGHERTY  
POST OFFICE BOX 130  
KEATCHIE, LA 71046

Operator ID: 1159  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

RENE M DAUSSIN  
2217 MARIETTA STREET  
CHALMETTE, LA 70043

Operator ID: 8000  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALAN J DAUTREUIL  
608 ASHTON STREET  
NEW IBERIA, LA 70563

Operator ID: 1163  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

LEROY DAVENPORT  
5211 BYFAUL  
BAKER, LA 70714

Operator ID: 1166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRIS DAVEZAC  
2324 WEST GEORGE ST  
ZACHARY, LA 70791

Operator ID: 1169  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN R DAVID  
1226 KINGS VIEW CIR  
JACKSON, LA 70749

Operator ID: 11786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH R DAVID, JR  
PO BOX 2  
FORDOCHE, LA 70732

Operator ID: 12110  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHIE L DAVID  
P.O. BOX 102  
LIVONIA, LA 70755

Operator ID: 34746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TED L DAVIDSON  
322 PRAIRIE ROAD  
MONROE, LA 71202

Operator ID: 1174  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

AARON D DAVIS  
19406 SISTERS RD  
PONCHATOULA, LA 70454-4454

Operator ID: 10547  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

WILL H DAVIS  
1511 SOUTH 7TH STREET  
MONROE, LA 71202

Operator ID: 11494  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOEY H DAVIS  
7499 MINETTE LN  
BATON ROUGE, LA 70818

Operator ID: 11668  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CURTIS M DAVIS  
2139 GREENWOOD RD  
SHREVEPORT, LA 71103

Operator ID: 1176  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CALVIN DAVIS, JR  
324 EVANGELINE STREET  
NEW IBERIA, LA 70560

Operator ID: 1196  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMISON L DAVIS  
730 IRVING BLUFF  
SHREVEPORT, LA 71107

Operator ID: 16966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RANDY G DAVIS  
4920 CAMPJOY RD  
HAUGHTON, LA 71037

Operator ID: 25707  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DEREK A DAVIS  
264 ORANGE ST  
DEQUINCY, LA 70633

**Operator ID: 27567**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD J DAVIS  
903 THIRD ST  
FRANKLIN, LA 70530

Operator ID: 28359  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FLOYD L DAVIS  
13330 BAYOU TERRACE DR  
ST AMANT, LA 70774

Operator ID: 30796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JERRY A DAVIS, JR  
615 WEST B STREET  
NORCO, LA 70079

Operator ID: 35147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DEDDRICK D DAVIS  
2929 RAY WEILAND DR  
APT 217  
BAKER, LA 70714

Operator ID: 38614  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BERNARD DAVIS  
5411 BROWNFIELD DR  
BATON ROUGE, LA 70811

Operator ID: 38770  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LYNEL L DAVIS  
1101 BURMASTER ST  
GRETNA, LA 70053

Operator ID: 42669  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GENNARD J DAVIS  
1784 CAROL SUE  
APT 15N  
GRETNA, LA 70056

Operator ID: 43995  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TODD A DAVIS  
8900 ACACIA LN  
SHREVEPORT, LA 71118

Operator ID: 6807  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY J DAVIS  
3300 WALL BLVD APT 18C  
GRETNA, LA 70056

Operator ID: 8250  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BARRY W DAVIS, SR  
261 EASY STREET  
FRANKLIN, LA 70538

Operator ID: 8570  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CARIE G DAVIS  
2588 N PERKINS FERRY RD  
APT 4  
LAKE CHARLES, LA 70611

Operator ID: 9195  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN F DAWSEY  
64475 CHERRY  
ANGIE, LA 70426

Operator ID: 6444  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BILLY J DAWSON  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

Operator ID: 9593  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRADLEY S DAY  
1612 GLENDALE RD  
DERIDDER, LA 70634

Operator ID: 46832  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDALL S DAY  
351 WOODARD DRIVE  
MINDEN, LA 71055

Operator ID: 7224  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EDWARD W DAYTON  
4113 WOODWAY DRIVE  
MONROE, LA 71201

Operator ID: 1202  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CURTIS L DEAN  
592 CURTIS DEAN ROAD  
DOWNSVILLE, LA 71234

Operator ID: 10568  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RACHEL G DEAN  
235 DENTON RD  
FARMERVILLE, LA 71241

Operator ID: 37156  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHAD D DEARIEN  
6937 STARBOARD DR  
SULPHUR, LA 70665

Operator ID: 36672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRAVIS DEASON  
1511 HWY 114  
HESSMER, LA 71341

Operator ID: 9781  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHADWICK J DEBETAZ  
15023 CROSS CREEK  
WALKER, LA 70785

Operator ID: 10924  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BARRY B DEBLIEUX  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171-5337

Operator ID: 11598  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES D DECELLE  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 11844  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SARA A DECUR  
7104 LAKECREST DRIVE  
ZACHARY, LA 70791

Operator ID: 38594  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DALTON R DECUIR  
113 HAYDITE AVENUE  
LAFAYETTE, LA 70507

Operator ID: 7006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

JOAN A DECUR  
1181 COCOVILLE ROAD  
MANSURA, LA 71350

**Operator ID: 7870**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES H DECULUS  
PO BOX 396  
OBERLIN, LA 70655

Operator ID: 6778  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL B DEEM  
266 DEEM ROAD  
ATHENS, LA 71003

Operator ID: 10015  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES D DEFRIEND  
4527 GILBERT DR  
SHREVEPORT, LA 71106

Operator ID: 5958  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DALE B DEGEYTER  
1231-A HEBERT AVENUE  
BREAUX BRIDGE, LA 70517

Operator ID: 8772  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROXANNA L DEGGS-NUMBERS  
306 WHIPPOORWILL RD  
DERIDDER, LA 70634-7123

Operator ID: 6238  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

COLLIN D DEGUEURCE  
508 PLANTATION RD  
THIBODAUX, LA 70301

Operator ID: 46797  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BOBBY J DEGUEYTER  
2670 OSCAR RIVETTE ROAD  
ARNAUDVILLE, LA 70512

Operator ID: 1222  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHAWN A DEJEAN, SR  
228 S DUPRE ST  
NEW ORLEANS, LA 70119

Operator ID: 8288  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

TRYGUE B DELAFOSSE  
3310 BROAD ST  
LAKE CHARLES, LA 70615

**Operator ID: 8002**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ALLEN P DELANEUVILLE  
244 W 8TH STREET  
RESERVE, LA 70084

**Operator ID: 1230**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BISHOP O DELANEY  
521 DEBBIE ST  
HAUGHTON, LA 71037

**Operator ID: 8170**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH W DELAPASSE  
1613 ORLEANS QUARTERS  
BRUSLY, LA 70719

Operator ID: 28331  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALTON A DELARGE, III  
5329 DOUGLAS ST  
NEW ORLEANS, LA 70117

Operator ID: 32726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

TOMMY W DELASALLE  
13398 REID DR.  
GONZALES, LA 70737

**Operator ID: 42282**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JONATHAN B DELATTE  
221 BELLE HELENE  
THIBODAUX, LA 70301

Operator ID: 37086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERARD S DELCAMBRE  
303 COPPERFIELD WAY  
YOUNGSVILLE, LA 70592

Operator ID: 10501  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENT C DELCAMBRE  
316 W MAIN ST  
NEW IBERIA, LA 70560

Operator ID: 1234  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RICKEY J DELCAMBRE  
1013 PEGGY ST  
NEW IBERIA, LA 70560

Operator ID: 1235  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

HUEY P DELCAMBRE  
7714 LAKEWOOD DR  
ERATH, LA 70533

**Operator ID: 36747**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SHAWN W DELL  
704 ANDREPONT ROAD  
OPELOUSAS, LA 70570

Operator ID: 6892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT L DELMORE  
22185 LIBERTY ROAD  
ZACHARY, LA 70791

**Operator ID: 30026**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH DELOCH  
1243 GEORGIA AVE  
PORT ALLEN, LA 70767

Operator ID: 1237  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DIANA C DELONE  
PO BOX 169  
PLAQUEMINE, LA 70765-0169

Operator ID: 38153  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD L DELPAPA  
9152 HWY 169  
MOORINGSPORT, LA 71060

Operator ID: 44442  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT E DEMARS, JR  
10553 PURPLE MARTIN CT  
DENHAM SPRINGS, LA 70726

**Operator ID: 1239**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAKE M DEMPSTER  
111 SAINT ANTHONY ST  
LULING, LA 70070

Operator ID: 11946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

STEPHEN J DENNEY  
152 THEOPHILE RD  
VILLE PLATTE, LA 70586

Operator ID: 24986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

REID L DENNIS  
1216 N HAGAN  
NEW ORLEANS, LA 70119

**Operator ID: 10601**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MELBURN E DENNIS  
20134 ARTHUR RD  
COVINGTON, LA 70433

Operator ID: 37774  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DONALD R DENOVA  
POST OFFICE BOX 150  
MAIL ROUTING BLDG 3502  
PLAQUEMINE, LA 70765-0150

Operator ID: 11138  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DWAYNE P DEROCHE  
PO BOX 762  
BOURG, LA 70343

Operator ID: 1251  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT J DEROUEN  
223 TUMBLE BROOK ST  
SLIDELL, LA 70461

Operator ID: 6255  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH P DEROUEN  
5810 OLD LA 25  
NEW IBERIA, LA 70560

Operator ID: 8133  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIEL DEROUSSELLE, JR  
105 TANYA STREET  
LAFAYETTE, LA 70507

Operator ID: 1253  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

AL S DEROZAN  
9231 MANDELA STREET  
NEW ROADS, LA 70760

Operator ID: 6633  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRAD E DESADIER  
503 NEIL WAGONER DR  
WINNFIELD, LA 71483

Operator ID: 27786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAMIAN P DESALVO  
904 MAIN STREET  
BELLE CHASSE, LA 70037

Operator ID: 1210  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PHILLIP J DESHOTEL  
1835 S LAKE ARTHUR AVE  
LOT 24  
JENNINGS, LA 70546

Operator ID: 11025  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

LUKE DESHOTELS  
1302 LAHAYE ROAD  
MAMOU, LA 70554

Operator ID: 10214  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Engineering Services

INVOICE

KEITH P DESHOTELS  
15487 HWY 182  
BUNKIE, LA 71322

Operator ID: 5216  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CARL J DESSELLE  
17384 JOHN BROUSSARD RD  
PRAIRIEVILLE, LA 70769

Operator ID: 1255  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL A DETILLIER  
206 ADAMS ST  
RACELAND, LA 70394

Operator ID: 1264  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID W DEVALL  
21550 PRIDE - BAYWOOD ROA  
CLINTON, LA 70722

Operator ID: 7820  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JIMMY L DEVILLE  
11540 DONNA AVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 2853**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CURTIS R DEVILLE  
P O BOX 310  
FENTON, LA 70640

Operator ID: 32306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STONE J DEVILLIER  
P.O. BOX 156  
CECILIA, LA 70521

Operator ID: 36066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANNON M DEVILLIER  
4441 CHOCTAW RD  
BRUSLY, LA 70719

Operator ID: 6900  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TRAVIS T DEYO  
35501 E RIDGEWOOD DR  
PEARL RIVER, LA 70452

Operator ID: 42283  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES B DEZENDORF  
451 HUDSON CREEK RD  
COLFAX, LA 71417

Operator ID: 37782  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALDEN M DI GIOVANNI  
2211 15TH ST  
KENNER, LA 70062

Operator ID: 1269  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT P DIAZ  
13614 ARABIE RD.  
RAYNE, LA 70578

Operator ID: 19586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LANDON S DICKENS  
514 N 13TH ST  
OAKDALE, LA 71463

Operator ID: 48598  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WWC	20.00
OP-IN-TRAINING - WWT	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HARRY W DICKERSON  
503 EASON PLACE  
MONROE, LA 71201

Operator ID: 1282  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

SHANE E DICKERSON  
2621 PELICAN BAY BLVD  
MARRERO, LA 70072

**Operator ID: 30746**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHERMAN DICKERSON  
325 NOTTOWAY DRIVE  
DESTREHAN, LA 70047

Operator ID: 6344  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN C DICKEY, JR  
PO BOX 373  
OIL CITY, LA 71061

Operator ID: 45212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RANDY A DIEGEL  
2689 HWY 1010  
LABADIEVILLE, LA 70372

Operator ID: 28147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RONALD W DILL  
1617 SMITHPORT LAKE RD  
MANSFIELD, LA 71052

Operator ID: 1287  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MORGAN W DILL  
1617 SMITHPORT LAKE ROAD  
MANSFIELD, LA 71052

Operator ID: 8003  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MARK S DILMORE  
576 WALLACE RD  
STERLINGTON, LA 71280

**Operator ID: 36328**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

DOMINICK DIMATTIA  
29545 LARD ROAD  
HOLDEN, LA 70744

**Operator ID: 7655**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CALVIN J DINET  
144 FOREST DRIVE  
BELLE CHASSE, LA 70037

Operator ID: 1294  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

PETER D DISPENZA  
1135 WALLACE DEAN RD. #19  
WESTMONROE, LA 71291

Operator ID: 1296  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HOWARD J DIXON, JR  
12640 ISLAND ROAD  
ST FRANCISVILLE, LA 70775

Operator ID: 11670  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ALVIN L DIXON  
2704 SHED RD  
APT 177 L  
BOSSIER, LA 71111-5337

Operator ID: 16987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ANTHONY L DIXON  
148 RIVER POINTE DR  
LA PLACE, LA 70068

**Operator ID: 32728**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

SUSAN E DIXON  
844 HIGHLAND PARK DRIVE  
BATON ROUGE, LA 70808

**Operator ID: 36850**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

VY D DO  
1037 MARVIN COURT  
HARVEY, LA 70058

Operator ID: 10018  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH W DOCKINS  
POST OFFICE BOX 960  
CAMERON, LA 70631

Operator ID: 6884  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAVID P DODD  
29563 CHRISTOPHER BLVD  
WALKER, LA 70785

Operator ID: 40723  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIEL P DOGA  
2200 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

Operator ID: 43614  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WILLIE G DOHERTY  
6577 HWY 84 E  
WINNFIELD, LA 71483

Operator ID: 6019  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DEASERAE DOMANGUE  
P O BOX 277  
CHARENTON, LA 70523

Operator ID: 46719  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEAN F DOMENGEAUX  
136 LOT 1 MEYER LANE  
DES ALLEMANS, LA 70030

Operator ID: 1315  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EUGENE A DOMINGUE, JR.  
24215 JASE ST  
PLAQUEMINE, LA 70764

Operator ID: 6446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAUL F DOMINICK  
1130 PIETY ST  
NEW ORLEANS, LA 70117

Operator ID: 42765  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADLEY J DOMINIQUE  
2823 HWY 306  
DES ALLEMANS, LA 70030

Operator ID: 7466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WESLEY G DONNAUD  
295 ANNA ST  
AMA, LA 70031

Operator ID: 36467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KOLBY K DONNAUD  
P.O. BOX 108  
LULING, LA 70070

Operator ID: 38356  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KYLE C DONOHUE  
1101 BARBE DR  
WESTWEGO, LA 70094

Operator ID: 39390  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS J DONOVAN  
219 WEST HICKORY ST  
MANDEVILLE, LA 704713007

Operator ID: 1324  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

GEORGE A DORR  
503 RIVER VIEW DR  
JENNINGS, LA 70546

**Operator ID: 38971**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOROTHY A DORSEY  
6252 SOUTH INWOOD ROAD  
SHREVEPORT, LA 71119

Operator ID: 637  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIRK A DOSS  
3507 HWY 167  
DUBACH, LA 71235

Operator ID: 17546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARGARET A DOUCET  
9353 HWY 182  
OPELOUSAS, LA 70570

Operator ID: 2854  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PRESTON K DOUCET  
722 EAST SECOND ST  
JENNINGS, LA 70546

Operator ID: 32731  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAMUEL J DOUCET  
916 HWY 754  
SUNSET, LA 70584

Operator ID: 43654  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH C DOUCET  
9557 BURNSIDE ROAD  
BUECHE, LA 70729

Operator ID: 7126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD D DOWDALL  
203 AFTON PL  
BOSSIER CITY, LA 71112

Operator ID: 47037  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL E DOWTY  
5604-B COLISEUM BLVD  
ALEXANDRIA, LA 71303

Operator ID: 2868  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDY A DOYLE  
5046 JIMMIE DOYLE RD  
STARKS, LA 70661

Operator ID: 37908  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BENJAMIN J DOYLE  
150 CASTOR PLUNGE ROAD  
WOODWORTH, LA 71485

Operator ID: 8575  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JONATHAN W DRENNAN  
11 RICHMOND PL  
NEW ORLEANS, LA 70115

**Operator ID: 6634**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EDWIN A DRESCHER  
18140 DIAZ RD  
PRAIRIEVILLE, LA 70769

Operator ID: 18006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLINT D DREW  
6825 HWY 474  
FLORIEN, LA 71429

Operator ID: 25386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES E DRUDGE  
5623 HWY 117  
PROBENCAL, LA 71468

Operator ID: 7570  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DANIEL R DUBROC  
6224 ST ANN ST  
PINEVILLE, LA 71360

**Operator ID: 5100**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENNIS J DUCREE  
25547 WEST SYCAMORE  
LACOMBE, LA 70445

Operator ID: 11455  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RICHARD C DUDLEY  
3233 CHURCH STREET  
JACKSON, LA 70748

**Operator ID: 1362**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLIFF E DUFOUR  
9825 FULWOOD DR  
BATON ROUGE, LA 70818

Operator ID: 40882  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MURRAY L DUFRENE  
POST OFFICE BOX 814  
BOUTTE, LA 70039

Operator ID: 12346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ALVIN J DUFRENE, JR  
P O BOX 1412  
PARADIS, LA 70080

Operator ID: 1370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THILMAN A DUFRENE  
3619 HWY 306  
DES ALLEMANS, LA 70030

Operator ID: 43992  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TROY M DUFRENE  
242 MARCIA DR  
LULING, LA 70070

Operator ID: 44295  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JORDAN A DUFRENE  
105 BADLAMENTI ST  
LULING, LA 70070

Operator ID: 46936  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JACOB DUFRENE  
229 OAK LANE  
LULING, LA 70070

Operator ID: 8124  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID A DUGAS  
35375 WALKER N RD  
WALKER, LA 70785

Operator ID: 13546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RYAN A DUGAS  
12152 OLD BATON ROUGE HWY  
#11  
HAMMOND, LA 70403

Operator ID: 43819  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RODNEY P DUGAS, JR  
124 S ST ANTOINE ST  
LAFAYETTE, LA 70506

Operator ID: 4940  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GREGORY P DUGAS  
13308 W MILL GROVE DR  
GONZALES, LA 70737

Operator ID: 9577  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTINA L DUGGAR  
4917 S MIRO ST APT B  
NEW OREANS, LA 70125

Operator ID: 42771  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

EARL D DUGGER  
4607 LANNY ST  
ALEXANDRIA, LA 71303

Operator ID: 5599  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT J DUHE  
408 T LEIGH DR  
HOUMA, LA 70364

Operator ID: 1381  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LOUIS J DUHE, JR  
807 AVENUE E  
BRIDGECITY, LA 70094

Operator ID: 1385  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DUANE D DUHE  
904 AVENUE C  
WESTWEGO, LA 70094

Operator ID: 1386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CRAIG J DUHE  
19740 RUDY LEE RD  
LIVINGSTON, LA 70754

Operator ID: 35566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

RODRICK E DUHE, SR  
5322 CLAIRMONT AVE  
BATON ROUGE, LA 70812

Operator ID: 45072  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALEX J DUHE  
39621 PONDEROSA ROAD  
PAULINA, LA 70763

Operator ID: 9019  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRANDON DUHE  
478 W MAPLE LOOP  
LAPLACE, LA 70068-4423

Operator ID: 9512  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERRY J DUHON  
12225 TROYVILLE ROAD  
HAMMOND, LA 70403

Operator ID: 10220  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES C DUHON  
160 ERIC ROAD  
LAKE CHARLES, LA 70607

Operator ID: 11243  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RYAN S DUHON  
637 PERSHING HWY  
SUNSET, LA 70584

Operator ID: 14746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BELTON J DUHON, SR  
PO BOX 610  
DRY CREEK, LA 70634

Operator ID: 36327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DARRELL M DUHON  
P O DRAWER 3287  
LAKE CHARLES, LA 70603

Operator ID: 40944  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J DUHON  
1528 GERORGIA RD  
MOSS BLUFF, LA 70611

Operator ID: 5245  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALLEN R DUKE  
400 CROSBY RD  
C/O MWV ATTN: SAFETY DEPT  
DERIDDER, LA 70634

Operator ID: 36161  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLAUDE J DUMAS  
2206 EAST BAYOU RD  
DONALDSONVILLE, LA 70346

Operator ID: 10838  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BEVERLY C DUMAS  
1937 WILTON DR  
NEW ORLEANS, LA 70122

Operator ID: 1392  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES M DUNAWAY  
294 EMMA CEMETERY RD  
COTTON VALLEY, LA 71018-2402

Operator ID: 5680  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT L DUNBAR, JR  
520 MONTGOMERY RD  
OPELOUSAS, LA 70570-0425

Operator ID: 25711  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EDWARD E DUNCAN  
226 THOMASVILLE RD  
SAREPTA, LA 71071

Operator ID: 37777  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM M DUNHAM  
324 N THUNDER VALLEY RD  
DERIDDER, LA 70635

Operator ID: 45279  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LESLIE L DUNN, JR  
333 BERMUDA RD  
NATCHITOCHEs, LA 71457-2943

Operator ID: 1400  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHAWN P DUPATY  
P O BOX 178  
PLATTENVILLE, LA 70393

Operator ID: 7322  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARK J DUPLANTIS  
224 WOODBURN DR  
HOUMA, LA 70364

Operator ID: 6966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAMON DUPLICHIAN  
4400 BROWN ST APT N  
LAKE CHARLES, LA 70607-4764

Operator ID: 43652  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HAMMY DUPLÉCHIN, JR  
P O BOX 74  
BASILE, LA 70515

Operator ID: 1404  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ANDREW W DUPLCHIN  
2321 DR BOBBY DESHOTEL AV  
BASILE, LA 70515

Operator ID: 21826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GERALD DUPLECHIN, JR  
PO BOX 1009  
KINDER, LA 70648

Operator ID: 24987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ALVIS W DUPLECHIN  
2313 SCHAMBERS ST  
BASILE, LA 70515

**Operator ID: 28946**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEVAR D DUPLESSIS  
1937 JOSEPH DR  
POYDRAS, LA 70085

Operator ID: 11618  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD C DUPLESSIS  
P O BOX 1205  
BRAITHWAITE, LA 70040

Operator ID: 37811  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GARY D DUPLICHAN  
1916 HONEYSUCKLE CIRCLE  
SULPHUR, LA 70663

Operator ID: 1406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TYLER J DUPONT  
302 ST. CHARLES BLVD  
LULING, LA 70070

Operator ID: 6456  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

INGA S DUPRE  
479CELESTINE ST  
WEST WEGO, LA 70094

Operator ID: 7816  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DALE R DUPREE  
P.O. BOX 35800  
ATTENTION:ELIZABETH SMITH  
WEST MONROE, LA 71294-5800

Operator ID: 16746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEREMY C DUPREE  
4332 MAXINE ST  
PORT ALLEN, LA 70767

Operator ID: 36536  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
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INVOICE

JAMES R DUPREE  
PO BOX 321  
191 LEE ST  
PROVENCAL, LA 71468

Operator ID: 8007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JOSEPH R DUPUY  
726 EAST NORTH PLACE  
AMITE, LA 70422

Operator ID: 1421  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ADAM J DUPUY  
54059 ADDISON RD  
INDEPENDENCE, LA 70443

Operator ID: 44333  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAROLD R DUTSCH, JR  
78295 DUTSCH LANE  
COVINGTON, LA 70435

Operator ID: 1426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CYNTHIA K EAGLES  
4724 MARIBEL DRIVE  
BATON ROUGE, LA 70812

Operator ID: 11417  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID E EAGLEY  
1115 HWY. 174  
MARTHAVILLE, LA 71450

Operator ID: 25728  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENISE A EAGLEY  
1115 HWY 174  
MARTHAVILLE, LA 71450

Operator ID: 25729  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GABRIEL J EAGLIN  
105 AVRON DR  
CARENCRO, LA 70520

Operator ID: 15326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH R EAGLIN  
835 PRAIRIE RONDE HWY  
OPELOUSAS, LA 70570

Operator ID: 25730  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DANIEL EAGLIN, II  
POST OFFICE BOX 6267  
NEW ORLEANS, LA 70174

Operator ID: 7688  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALVIN V EARL  
PO BOX 95  
609 MAPLE ST  
ELIZABETH, LA 70638

Operator ID: 24988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES L EARLEY  
1218 EVANGELINE CIR  
BOSSIER CITY, LA 71112

Operator ID: 5307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EDYTHE D ECHOLS  
1700 LANDRY DR  
BAKER, LA 70714

Operator ID: 13506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JAMES W ECKHOLDT  
4400 PIKE DR  
METAIRIE, LA 70003

**Operator ID: 45852**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CURTIS C EDGAR  
1202 VINCENT ST  
VINTON, LA 70668

Operator ID: 1445  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TRUDELL J EDGERSON  
1023 S STARRETT RD  
METAIRIE, LA 70003

Operator ID: 37109  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PATRICK EDMOND  
130 NOTTINGHAM CIRCLE  
LAFAYETTE, LA 70507

Operator ID: 1446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

QUARRY H EDWARDS  
734 HYDE PARK PL  
SHREVEPORT, LA 71108

**Operator ID: 17026**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES M EDWARDS  
239 VETERANS DRIVE  
OPELOUSAS, LA 70570

Operator ID: 37801  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JUSTIN G EDWARDS  
29004 L J METHVEIN RD  
HOLDEN, LA 70744

Operator ID: 46092  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NICHOLAS J EDWARDS  
PO BOX 597  
KINDER, LA 70648

Operator ID: 47257  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MIGUEL O EGUIGURE  
3749 TULANE DR  
KENNER, LA 70065

**Operator ID: 6704**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LEON P ELAIRE  
217 MARTH ST  
LAFAYETTE, LA 70501

Operator ID: 1460  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PAUL D ELAIRE  
115 TENNESSEE STREET  
LAFAYETTE, LA 70501

Operator ID: 7520  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHAD L ELLENDER  
8657 HWY 171  
LONGVILLE, LA 70652

Operator ID: 48656  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GLEN A ELLIOTT  
PO BOX 635  
PATTERSON, LA 70392-0031

Operator ID: 6048  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL W ELLIS  
109 E MC CORMICK  
SHREVEPORT, LA 71104

Operator ID: 10725  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BLAINE ELSTROTT  
21226 SOUTH I-12 SERVICE  
PONCHATOULA, LA 70454

Operator ID: 1470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

WENDY L EMMEL  
38 VETERANS BLVD  
DONALDSONVILLE, LA 70346

Operator ID: 49775  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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Office of Public Health  
Engineering Services

INVOICE

TERRY L EMORY  
1154 CENTURY LOOP ROAD  
EROS, LA 71238

Operator ID: 5940  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

AMADO ENAMORADO  
30683 BURGESS RD  
DENHAM SPRINGS, LA 70726-1790

Operator ID: 5760  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GERALD L ENCALADE  
13621 HWY 15  
BRAITHWAITE, LA 70037

Operator ID: 9689  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS H ENGELS  
6122 ENGLISH TURN  
ZACHARY, LA 70791-2678

Operator ID: 9690  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANDREW J ENGLANDE  
266 EVANGELINE DR  
MANDEVILLE, LA 70471

Operator ID: 38690  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MALCOLM L ENGLISH, JR  
POST OFFICE BOX 1197  
GLENMORA, LA 71433

Operator ID: 10816  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS D ENSINGER  
PO BOX 11  
FISHER, LA 71426

Operator ID: 12607  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID G ENTREVIA  
20305 HILLCREST RD  
BOGALUSA, LA 70427

Operator ID: 1475  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ESTEBAN R ESPIRITU  
3105 FABLE DR  
MERAUX, LA 70075

Operator ID: 10726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH B ETHEREDGE  
613 BAKER RD  
STONEWALL, LA 71078

Operator ID: 6113  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMIE W ETHERIDGE  
15266 LEWIS RD  
MAUREPAS, LA 70449

Operator ID: 32746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MUSHAFAU O ETTU  
19057 ELTON DR  
JENNINGS, LA 70546

Operator ID: 42733  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONNIE E EUBANKS  
515 BROWN ST  
WEST MONROE, LA 71294

Operator ID: 1489  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PIERRE C EUSTIS  
3040 HUDSON PL  
NEW ORLEANS, LA 70131

Operator ID: 9339  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES A EVANS  
201 STATE PARK RD  
ST JOSEPH, LA 71366

Operator ID: 14148  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HENRY W EVANS, III  
1145 ST ANTHONY ST  
SLIDELL, LA 70460

Operator ID: 1497  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DUSTIN F EVANS  
1611 BAYOU MARLA RD  
APT 204  
PINEVILLE, LA 71360

Operator ID: 44352  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CALVIN D EVERETT  
247 R TOSTON RD  
W. MONROE, LA 71292

Operator ID: 9355  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PHILLIP L EVERHART  
2307 FOSTER ST APT 201  
BOSSIER CITY, LA 71112

Operator ID: 40242  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES E EVERS  
117 SAINT JOHN ST  
LULING, LA 70070

Operator ID: 46254  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FREDERICK T EZELL  
POST OFFICE BOX 323  
ST JOSEPH, LA 71366

Operator ID: 10228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID B EZELL  
PO BOX 761  
WINNSBORO, LA 71295

Operator ID: 24989  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRANDON M EZELL  
127 BURKWALL DRIVE  
HOUMA, LA 70360-2710

Operator ID: 42244  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES B EZELL  
8058 HWY 128  
WINNSBORO, LA 71295

Operator ID: 46794  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHAD H FAGAN  
25095 HWY 42  
HOLDEN, LA 70744

Operator ID: 13549  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT K FAIRBURN  
12515 BLACKWELL  
FRANKINTON, LA 70438

Operator ID: 5582  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KERRY J FALGOUT  
2428 HWY 654 LOT1  
GHEENS, LA 70355

Operator ID: 10949  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

DALTON G FALLON  
379 OAK TREE DR  
LAPLACE, LA 70068

**Operator ID: 39770**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WARREN G FANDAL  
54180 HWY 445  
LORANGER, LA 70446

Operator ID: 21846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

TAO FANG  
4520 S SHERWOOD FOREST  
BLVD SUITE 104-259  
BATON ROUGE, LA 70816

Operator ID: 42812  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID A FANGUY  
124 SANDALWOOD DR  
GRAY, LA 70359

Operator ID: 1521  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANA B FANZ  
2100 WEST FANZ RD  
ST BERNARD, LA 70085

Operator ID: 39011  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANTHONY P FARRELL  
62 OUEENS RD  
MANY, LA 71449

Operator ID: 10637  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

A P FARRELL, JR  
701 LILLIAN LANE  
MANY, LA 71449

Operator ID: 11191  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DENNIS W FARRIS  
2370 HUNTER RD  
MANSFIELD, LA 71052

Operator ID: 41944  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRISTOPHER C FARRIS  
PO BOX 1334  
JACKSON, LA 70748

Operator ID: 48393  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

TIMMY P FARRIS, II  
206 LOUISIANA ST  
KAPLAN, LA 70548

Operator ID: 9532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLEVE A FAUCHEUX, JR  
P O BOX 2  
PAULINA, LA 70763

Operator ID: 1531  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

TOMMY J FAUL  
760 MAIN ST  
CANKTON, LA 70584

**Operator ID: 1533**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

HARRIS T FAULK  
57020 PACE ROAD  
SLIDELL, LA 70461

**Operator ID: 5025**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALLEN W FAUSPHOUL  
118 CORLEY DR  
COLFAX, LA 71417

Operator ID: 25731  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SALIN J FAYAD  
306 SHORT LEAF DRIVE  
HAUGHTON, LA 71037

Operator ID: 1537  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DENNIS A FAYE  
65134 JERRY ST  
PEARL RIVER, LA 70452

Operator ID: 9298  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BARBARA FEATHERSTON  
505 TRAVIS ST SUITE 580  
SHREVEPORT, LA 71101

Operator ID: 23007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANK FEDD, JR  
10937 FERRY LAKE RD  
OIL CITY, LA 71061

Operator ID: 1538  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EMILY A FEDERER  
625 GORDON AVE  
HARAHAN, LA 70123

Operator ID: 42776  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KELLY D FELPS  
7066 FLYNN RD  
PORT ALLEN, LA 70767

Operator ID: 37789  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CARLOS L FERGUSON  
P O BOX 64  
WEYANOKE, LA 70787

Operator ID: 17526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CARLOUS A FERGUSON, I  
105 EAST LISTER ST  
SHREVEPORT, LA 71101

Operator ID: 26386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DANIEL J FERGUSON  
248 HWY 851  
GRAYSON, LA 71435

**Operator ID: 40702**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRYANT G FERNANDEZ, JR  
2118 HWY 308 SOUTH  
DONALDSONVILLE, LA 70346

Operator ID: 45078  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STANLEY W FERRELL  
1785 COOK ROAD  
ATHEN, LA 71003

Operator ID: 38007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DANIEL J FERRIER  
28160 HWY 405  
PLAQUEMINE, LA 70764

Operator ID: 37796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL I FERRY  
10135 HIGH PINES DR  
BATON ROUGE, LA 70809

Operator ID: 19666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARY M FIELD  
12934 WOODSHIRE PLACE  
BATON ROUGE, LA 70816

Operator ID: 10231  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEPHEN D FIELD  
12934 WOODSHIRE PLACE  
BATON ROUGE, LA 70816

Operator ID: 10232  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TROY R FIELDING  
929 MCDONALD STREET  
HAYNESVILLE, LA 71038

Operator ID: 10727  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MONTREAL J FIELDS  
8547 OLD HERMITAGE PKWY  
APT C  
BATON ROUGE, LA 70810

Operator ID: 26046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRYAN A FIELDS  
PO BOX 68  
FLORIEN, LA 71429

Operator ID: 33586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES B FINLAY  
PO BOX 540  
GILBERT, LA 71336

Operator ID: 31008  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JIM W FINLEY  
178 S MAIN  
HEFLIN, LA 71039

**Operator ID: 9365**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SCOTT FINNEY  
609 LITTLE FARMS AVENUE  
RIVER RIDGE, LA 70123

Operator ID: 1558  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID B FINNEY  
609 LITTLE FARMS AVE  
RIVER RIDGE, LA 70123

Operator ID: 35466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ANDREW J FIORELLA, JR  
1800 RIVER TREE COURT  
NEW ORLEANS, LA 70131

**Operator ID: 5653**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONNIE T FISHER  
P.O. BOX 1866  
WOODVILLE, MS 39669

Operator ID: 32426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM R FLATTERY  
1304 PARKWAY CIRCLE  
BOSSIER CITY, LA 71112

Operator ID: 6127  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIAM T FLEMING  
PO BOX 78161  
BATON ROUGE, LA 70837-8161

Operator ID: 1572  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLIFFORD FLEMING  
POST OFFICE BOX 730  
KENNER, LA 700630730

Operator ID: 1573  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VIOLET FLEMING  
2220 CLEARY AVE  
APT 105  
METAIRIE, LA 70001

Operator ID: 7470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS R FLEMING  
109 E. DICK HAYES RD.  
WESTLAKE, LA 70669

Operator ID: 7813  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BILLY D FLETCHER  
3725 HWY 921  
CLAYTON, LA 71326

Operator ID: 1577  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TONY M FLETCHER  
424 NELSONVILLE RD  
CLAYTON, LA 71326

Operator ID: 25733  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARK C FLETCHER  
9475 BLOM BLVD  
SHREVEPORT, LA 71118

Operator ID: 5559  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAUL W FLORENCE  
101 STATE PARK RD  
DOYLINE, LA 71023

Operator ID: 26907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ROBERT W FLORIDA  
6880 WOODLAND DR  
ZACHARY, LA 70791

**Operator ID: 1581**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DORIS L FLOURNOY-WOODS  
2384 FERNBROOK DR  
SHREVEPORT, LA 71118

Operator ID: 6952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GARY F FLOYD  
16068 HWY 80  
MINDEN, LA 71055

Operator ID: 17066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL FLUHR  
1401 FOREST DR.  
MINDEN, LA 71055

Operator ID: 10880  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TILLERY L FLYNT  
176 PATRICK ROAD  
NATCHITOCHEs, LA 71457

Operator ID: 5725  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEREMY D FODRIE  
1114 TILLMAN ST  
SULPHUR, LA 70663

Operator ID: 44338  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BLAKE E FOGLEMAN  
40020 SPOONBILL CT  
GONZALES, LA 70737

Operator ID: 48694  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL L FOLSE  
2128 STAGG AVE  
BASILE, LA 70515

Operator ID: 44372  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL A FOLSE  
1050 HWY 20  
THIBODAUX, LA 70301

Operator ID: 44556  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER C FONTAN  
229 GEORGETOWN DR  
NEW ORLEANS, LA 70118

Operator ID: 5651  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NORMAN J FONTENOT  
1393 BELAIRE COVE ROAD  
VILLE PLATTE, LA 70586

Operator ID: 11033  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

VIRGINIA J FONTENOT  
1344 WEDGEWOOD DR  
LAKE CHARLES, LA 70611

Operator ID: 11261  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

HAROLD J FONTENOT  
220 N PINECREST DR  
EUNICE, LA 70535

Operator ID: 1597  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH C FONTENOT  
209 SOUTH STAGG STREET  
VILLE PLATTE, LA 70586

Operator ID: 1600  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROGER K FONTENOT  
5902 ELTON RD  
ABBEVILLE, LA 70510

Operator ID: 1602  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROWDY J FONTENOT  
1053 TIGER POINT RD  
BASILE, LA 70515

Operator ID: 29086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DIRCK FONTENOT  
103 HESPER DRIVE  
LAFAYETTE, LA 70520

Operator ID: 31646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH M FONTENOT  
1372 HWY 2  
OAK GROVE, LA 71263

Operator ID: 34107  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JERREL W FONTENOT  
1956 HIGHWAY 1241  
DRY PRONG, LA 71423

Operator ID: 37707  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRETT J FONTENOT  
234SNOOKS RD  
VILLE PLATTE, LA 70586

Operator ID: 40487  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

AMY G FONTENOT  
P O BOX 71  
VILLE PLATTE, LA 70586

Operator ID: 45375  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CRYSTAL R FONTENOT  
PO BOX 308  
BASILE, LA 70515

Operator ID: 47172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES S FONTENOT, II  
708 REDWOOD ST  
MAMOU, LA 70554

Operator ID: 6170  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LARRY W FORBES  
17051 PRIDE BAYWOOD RD  
PRIDE, LA 70770

Operator ID: 1609  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKY FORBES  
58315 HAROLD FORBES RD  
ANGIE, LA 70426

Operator ID: 39862  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MADELINE R FORD  
669 MAHLER STREET  
HOUMA, LA 70363-4919

Operator ID: 10873  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOEL A FORD  
1698 HWY 126  
JONESVILLE, LA 71343

Operator ID: 11613  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ALISON R FORD  
11200 BROADWAY  
APT 1510  
PEARLAND, TX 77584

Operator ID: 13127  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON M FORD  
224 HICKINS RD  
SUGARTOWN, LA 70662

Operator ID: 37153  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JONATHAN R FOREMAN  
116 MEMORY LANE  
LAFAYETTE, LA 70506

Operator ID: 10660  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ERNEST J FOREMAN  
810 EAST SOUTH ST  
OPELOUSAS, LA 70570

Operator ID: 12626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

RALPH S FOREMAN  
159 HILL TOP ROAD  
STONEWALL, LA 71078

**Operator ID: 26407**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DANIEL R FOREMAN  
214 TRAVEL PATH RD  
ROGERSVILLE, AL 75652

Operator ID: 8144  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DWIGHT A FOREST  
4916 BULLARD AVE  
NEW ORLEANS, LA 70128

**Operator ID: 1615**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TEVINCE M FOREST  
10501 CURRAN BLVD APT A13  
NEW ORLEANS, LA 70127-5153

Operator ID: 35666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDY J FORET  
124 A MALL CIRCLE  
HOUMA, LA 70364

Operator ID: 10874  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENT J FORET  
PO BOX 399  
LOCKPORT, LA 70374-3005

Operator ID: 1617  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

KERRY T FORET  
1414 RICHLAND RD  
NEW ORLEANS, LA 70114

Operator ID: 1618  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LARRY A FORET  
224 ST MICHEL AVE  
HOUMA, LA 70363

Operator ID: 1620  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICKY C FORET  
117 LANDRY LANE  
THIBODEAUX, LA 70301

Operator ID: 2858  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDON M FORET  
150 E 30TH ST  
CUTOFF, LA 70345

Operator ID: 40006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER E FORSTER  
1206 AVENUE A  
WESTWEGO, LA 70094

Operator ID: 19606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARIN W FORTENBERRY  
503 GRAND OAK DR.  
SHREVEPORT, LA 71118

Operator ID: 1624  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TAMMY L FOSTER  
337 LUKE STREET  
DES ALLEMANS, LA 70030-3205

Operator ID: 12032  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRETT L FOSTER  
111 CRAWFISH DRIVE  
PIERRE PART, LA 70339-4721

Operator ID: 12627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MICHAEL H FOSTER  
226 CHESTNUT OAK DRIVE  
MANDEVILLE, LA 70448

Operator ID: 7048  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GERALD H FOSTER  
10323 ROGERS B  
ST AMANT, LA 70774

Operator ID: 9692  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FERDINAND A FOTI, JR  
1007 MIMOSA LANE  
ST MARTINVILLE, LA 70582-7208

Operator ID: 10864  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

VINCENT P FOUCHI  
613 RIO VISTA AVE  
JEFFERSON, LA 70121

Operator ID: 1632  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID J FOUNTAIN  
5133 SALINGER DR  
DARROW, LA 70725

Operator ID: 45796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT R FOURNET  
2244 CONNIE DRIVE  
DENHAM SPRINGS, LA 70726

Operator ID: 13566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS G FOURNET  
30970 CARRIAGE WAY  
DENHAM SPRINGS, LA 70726

Operator ID: 13586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RON F FOWLKES  
2606 MADISON ST  
LAKE CHARLES, LA 70601

Operator ID: 42793  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RODNEY G FRAME  
8722 PINEHAVEN RD  
KEITHVILLE, LA 71047

Operator ID: 17067  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VERNON FRANCIS  
1109 ENGLEMEADE  
SHREVEPORT, LA 71107

Operator ID: 1642  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

JASPER J FRANCIS, SR  
144 JUDY ST  
LAFAYETTE, LA 70501

**Operator ID: 1643**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

KERMIT W FRANCIS  
4511 S DERBIGNY ST  
NEW ORLEANS, LA 70125

**Operator ID: 34446**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BERNARD J FRANCIS  
P O BOX 662  
DONALDSONVILLE, LA 70346

Operator ID: 9693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RHETT J FRANCOIS  
111 BERINGER DR  
DUSON, LA 70529

**Operator ID: 48715**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

GREGORY T FRANK, JR  
610 YORKSTREET  
SHREVEPORT, LA 71106

Operator ID: 11858  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WALLACE J FRANK, IV  
1901 GLENDALE DR  
APT 7  
LAPLACE, LA 70068

Operator ID: 29526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LEROY FRANKLIN  
POST OFFICE BOX 671  
HAHNVILLE, LA 70057

Operator ID: 1651  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LIONEL W FRANKLIN, JR  
1800 AMERICA ST  
DONALDSONVILLE, LA 70346

Operator ID: 23966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES D FRANKLIN  
1201 MAIN ST  
BATON ROUGE, LA 70802

Operator ID: 31048  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WHITNEY V FRANKLIN  
12626 NORTH AVE  
ROSELAND, LA 70456

Operator ID: 36329  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

HUBERT E FRANKLIN, III  
1917 PAILET AVE  
HARVEY, LA 70058

**Operator ID: 42782**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JUDY FRANKLIN  
8800 SOUTH CLAIBORNE AVEN  
NEW ORLEANS, LA 70118

Operator ID: 7690  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONALD R FRANKS  
2441 CHERRY ST  
BOSSIER CITY, LA 71112

Operator ID: 40682  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HERMAN D FRANKS  
3449 HWY 389  
MERRYVILLE, LA 70653

Operator ID: 5992  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES E FRASIER, JR  
1631 PEA RIDGE RD  
DUBACH, LA 71235

Operator ID: 7419  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIAM J FRAZIER  
105 LOIS  
DEQUINCY, LA 70633

**Operator ID: 10661**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARREN L FRAZIER  
13600 CHAMPAGZEE PLACE  
PLEASANT HILL, LA 71065

Operator ID: 14150  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN I FRAZIER  
P O BOX 2522  
HAMMOND, LA 70404

Operator ID: 1656  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN E FRAZIER  
1248 RWE JONES DR  
RUSTON, LA 71270

Operator ID: 40767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FREDDIE C FRAZIER  
16153 HWY 15  
POINTE A LA HACHE, LA 70082

Operator ID: 44374  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

RICKY J FREDERICK  
6219 FREMIN RD  
NEW IBERIA, LA 70560

Operator ID: 1658  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JESSIE J FREDERICK  
4300 BEAU ROAD  
MAURICE, LA 70555

Operator ID: 26766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NORMAN T FREDERICK  
587 HIGHWAY 152  
DUBACH, LA 71235

Operator ID: 8198  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEFFREY K FREE  
423 MICHIGAN  
SULPHUR, LA 70663

Operator ID: 1660  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

GEORGE D FREEMAN  
10111 HIGHWAY 33  
FARMERVILLE, LA 71241-7407

Operator ID: 12123  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHAD E FREEMAN  
83324 NEAL CEMETERY RD  
FOLSOM, LA 70437

Operator ID: 37081  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLARENCE D FREEMAN  
55745 HWY 436  
ANGIE, LA 70426

Operator ID: 41483  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

ANDY R FREEMAN  
631 LONGINO RD  
COUSHATTA, LA 71019

**Operator ID: 46774**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ADRON C FREEMAN  
104 HWY 146  
CHOUDRANT, LA 71227

Operator ID: 7420  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TERRY L FRELOT  
3874 ETIENNE DAIGLE RD  
SULPHUR, LA 70663

Operator ID: 40843  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROLAND J FREMIN  
34000 BOWIE ST  
WHITE CASTLE, LA 70788

Operator ID: 1662  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN B FRENCH  
8402 W WILDERNESS WAY  
SHREVEPORT, LA 71106

Operator ID: 12629  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JIMMY R FRENCH  
196 WOODCLIFF CIRCLE  
PINEVILLE, LA 71360

Operator ID: 5101  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ERIC D FRENCH  
7605 PLUM STREET  
NEW ORLEANS, LA 70118

Operator ID: 6990  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREG S FRESHOUR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 7575  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLARENCE O FRIENDSHIP  
PO BOX 326  
ST GABRIEL, LA 70776

Operator ID: 11676  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN J FROMENTHAL  
530 LEVEE ROAD  
MORGAN CITY, LA 70380

Operator ID: 1669  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANCIS P FROMENTHAL  
2719 4TH ST  
BERWICK, LA 70342

Operator ID: 1670  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY J FROMENTHAL  
615 GROVE STREET  
MORGAN CITY, LA 70380

Operator ID: 6327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

KARL J FRUGE  
7400 HARRIS ROAD  
BELL CITY, LA 70630

Operator ID: 1671  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RYAN A FRUGHT  
1930 SURGI DR  
MANDEVILLE, LA 70448

Operator ID: 40903  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MATTHEW K FRY  
5344 POINT CLEAR DR  
BATON ROUGE, LA 70817

Operator ID: 36510  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

BILLY B FRYER  
PO BOX 605  
EPPS, LA 71237

**Operator ID: 6223**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD G FUDALLY  
115 CYPRESS CIR  
SLIDELL, LA 70458

Operator ID: 26606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PERRY A FULLER  
7933 TIMMONS TRAIL  
SHREVEPORT, LA 71107

Operator ID: 1676  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHERRY D FULLER  
931 FIRETOWER RD  
SPEARVILLE, LA 71277

Operator ID: 21866  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MATTHEW N FULLINGTON  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669-0727

**Operator ID: 37607**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

FRANKIN K FULTON  
408 LOUISE ST  
DERIDDER, LA 70634

Operator ID: 37846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES L FUSELIER  
1317 KENNEDY ST  
MAMOU, LA 70554

Operator ID: 37845  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH W FUSELIER, JR  
1615 6TH STREET  
LAKE CHARLES, LA 70615

Operator ID: 6297  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SHANE L FUSELIER  
2321 GABRIEL DR  
SULPHUR, LA 70663

Operator ID: 7811  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES D FUSILIER  
10008 PETERSBURG DRIVE  
DENHAM SPRINGS, LA 70706-1526

Operator ID: 7149  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRENDA K FUSSELL  
375 HWY 3252  
ST. JOSEPH, LA 71366

Operator ID: 11601  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD GABRIEL  
327 GUIDRY RD  
APT 108 D  
LAFAYETTE, LA 70583

Operator ID: 4938  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN GAGE  
406 FREDERICK  
NEW IBERIA, LA 70560

Operator ID: 7535  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

CHRISTOPHER M GAI  
5304 OAK DR  
MARRERO, LA 70072

Operator ID: 42223  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RICHARD A GAINEY  
30665 BILL MARTIN LN  
HAMMOND, LA 70403

Operator ID: 46135  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHERRI L GALLOWAY-THOMPSON  
1887 PECK DR  
BATON ROUGE, LA 70810

Operator ID: 31709  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ANGELA M GAMBLE  
POST OFFICE BOX 924  
LOGANSPOUT, LA 71049

Operator ID: 11034  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

NICHOLAS A GAMBLE  
171 LAND M CT  
APT - A  
GRAY, LA 70359

**Operator ID: 28328**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOVER S GANN  
259 CLINTON  
STONEWALL, LA 71078

Operator ID: 37827  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARYLL A GARCIA  
56 COUNTRY CLUB DR  
LAPLACE, LA 70068

Operator ID: 41405  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERRY G GARCIE  
9009 VILLANOVA DRIVE  
SHREVEPORT, LA 71118

Operator ID: 4935  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS J GARDELLA  
PO BOX 2683  
PATTERSON, LA 70392

Operator ID: 44272  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JESSICA R GARDNER  
4316 BANKS ST  
NEW ORLEANS, LA 70119

Operator ID: 42742  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JIMMY L GARIG  
PO BOX 249  
NORWOOD, LA 70761

Operator ID: 5943  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

RONALD W GARLINGTON  
750 MARYLAND AVENUE  
PORT ALLEN, LA 70767

**Operator ID: 35887**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WAYNE B GARLINGTON  
PO BOX 187  
PELICAN, LA 71063

**Operator ID: 43292**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DELANA S GARNER  
933 N. GOODWILL  
GOLDONNA, LA 71031

Operator ID: 11678  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAVID A GARNER  
472 BREWTON FARM RD  
WINNFIELD, LA 71031

Operator ID: 19049  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLARENCE GARRETT, JR  
729 BREAUX ALLEY  
NEW IBERIA, LA 70560

Operator ID: 1705  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LINDA GARRIS  
5803 HWY143  
STERLINGTON, LA 71280

Operator ID: 1707  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAVID A GARRIS  
5803 HWY 143  
STERLINGTON, LA 71280

Operator ID: 1708  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HARRY G GARSEE  
5463 HWY 1 NORTH  
NATCHITOCHEs, LA 71457

Operator ID: 1709  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EMELIE E GARY  
912 SPANISH MISSION TRAIL  
LAKE CHARLES, LA 70605

Operator ID: 1710  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JOHNNY L GASPARD  
120 GRAND AVENUE  
LAFAYETTE, LA 70503

**Operator ID: 10502**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KATHY L GASPARD  
217 TASSO LOOP  
EUNICE, LA 70535

Operator ID: 27287  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

BILLY F GASPARD  
313 GOSS ROAD  
WESTLAKE, LA 70669

Operator ID: 28296  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LORNE C GATES, III  
P O BOX 5337  
BOSSIER, LA 71171

Operator ID: 31806  
Date: 1/27/2016

This is your 2016 /2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES E GATLIN  
4850 EUNICE DR  
NEW ORLEANS, LA 70127

Operator ID: 11399  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

CECIL L GAUNICHAUX  
1930 ROSARY DR  
NEW ORLEANS, LA 70122

**Operator ID: 42744**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SAMUEL A GAUTHE  
POST OFFICE BOX 845  
NAPOLEONVILLE, LA 70390

Operator ID: 8885  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CONRAD C GAUTHIER  
520 ROGERS ROAD  
LAFAYETTE, LA 70507

Operator ID: 6318  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MURPHY K GAUTHREAUX  
P O BOX 1139  
KINDER, LA 70648

Operator ID: 21886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARREN P GAUTREAU  
10470 HIGHWAY 22  
ST AMANT, LA 70774

Operator ID: 32106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

GLENN K GAUTREAU  
256 NORTH LIVE OAK  
SIMMESPORT, LA 71369

**Operator ID: 34386**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN R GAUTREAUX  
203 CAMELLIA DRIVE  
THIBODAUX, LA 70301

Operator ID: 37369  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CRAIG A GAUTREAUX  
P O BOX 9611  
NEW IBERIA, LA 70562

Operator ID: 5840  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WAYNE GAUTREAUX  
POST OFFICE BOX 399  
LOCKPORT, LA 70374

Operator ID: 6969  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RAY A GAY  
POST OFFICE BOX 512  
ALBANY, LA 70711

Operator ID: 1732  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN L GAYLE  
4901 ORLEANS ST  
LAKE CHARLES, LA 70607

Operator ID: 42716  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Office of Public Health  
Engineering Services

**INVOICE**

RAYMOND C GEARY  
2025 LAMARQUE ST.  
NEW ORLEANS, LA 70114

**Operator ID: 1734**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN M GEHLING  
8430 BEECHWOOD DRIVE  
DENHAM SPRINGS, LA 70706

Operator ID: 32767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JOHN J GENOVA  
244 CRAWFORD LOOP  
POLLOCK, LA 71467

Operator ID: 11036  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMMY J GEORGE, JR  
65105 LITTLE FARMS ROAD  
PLAQUEMINE, LA 70764

Operator ID: 10538  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT GEORGE  
8801 SPRUCE STREET  
NEW ORLEANS, LA 70118

Operator ID: 10791  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLIE S GEORGE  
913 SOUTH 17TH ST  
MONROE, LA 71202

Operator ID: 1739  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

FRED J GERHARDT  
3725 EDDY PLACE  
SHREVEPORT, LA 71107

Operator ID: 25626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LONNIE P GERVAIS  
POST OFFICE BOX 32  
PARADIS, LA 70080

Operator ID: 9336  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRIS N GIBBS  
PO BOX 310  
ZACHARY, LA 70791

Operator ID: 11459  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL L GIBSON  
216 KNOTTS LANDING LOOP  
JENA, LA 71342

**Operator ID: 11634**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES S GIDDENS  
1324 HWY 527  
ELM GROVE, LA 71051

Operator ID: 6815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BARBARA B GIDDINGS  
103 LITT BENSON RD  
SPRINGHILL, LA 71075

Operator ID: 44500  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARCUS D GIDRON  
736 SANDERS BAYOU CT  
SHREVEPORT, LA 71106

Operator ID: 45592  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES L GIFFORD, JR  
2412 BLANCHARD DR  
CHALMETTE, LA 70043

Operator ID: 37430  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRISTOPHER T GILBERT  
806 WOOD STREET  
MINDEN, LA 71055

Operator ID: 11760  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID N GILBERT  
202 TAYLOR AVENUE  
STERLINGTON, LA 71280

Operator ID: 27187  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON W GILBREATH  
4437 KELLER DR  
COLLINSTON, LA 71229

Operator ID: 11184  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT J GILBRIDE  
26929 BENNETT ROAD  
HOLDEN, LA 70744

Operator ID: 6304  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN GILCHRIST  
175 VIVIAN ST  
MORGAN CITY, LA 70380

Operator ID: 30226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT D GILDON  
500 6TH STREET SE  
SPRINGHILL, LA 71075

Operator ID: 11952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON H GILL  
515 ELENGTON ROAD  
DERIDDER, LA 70634

Operator ID: 11614  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

VIRGINIA D GILL  
415 BAWCOM STREET  
WEST MONROE, LA 71292

Operator ID: 18626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON P GILL  
4152 FORET ST  
ADDIS, LA 70710

Operator ID: 36849  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL W GILL  
2 WHEATFIELD RD  
POPLARVILLE, MS 39470

Operator ID: 8595  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHELE J GILL  
3530 SIERRA CIRCLE  
SULPHUR, LA 70665

Operator ID: 9483  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DAVID W GILLIAM  
23530 HWY 386  
GROSSETETE, LA 70740

**Operator ID: 38152**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL D GILLIKIN  
4726 RAYMOND LABAUVE RD  
BRUSLY, LA 70719

Operator ID: 43192  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHARON C GILLUM  
3612 HWY 182 WEST  
PATTERSON, LA 70392

Operator ID: 11037  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KATE GILMORE  
3347 MYRTLE GROVE  
BATON ROUGE, LA 70810

Operator ID: 11247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES R GILPIN, JR  
21051 CHANEY ROAD  
ZACHARY, LA 70791-9513

Operator ID: 1757  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

PHILIP GIOIA  
1332 BAYOU RD  
SAINT BERNARD, LA 70085-4804

Operator ID: 1758  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

CHAD L GIPSON  
9620 HWY 28  
BOYCE, LA 71409

Operator ID: 10839  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ELMER M GIROUARD  
1055 VIEUX JACOUET BROUSS  
BROUSSARD, LA 70518

Operator ID: 1763  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN A GISCLAIR, JR  
213 FIR STREET  
RACELAND, LA 70394

Operator ID: 11367  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANDY A GLASGOW  
9344 CROOKED CREEK DR  
SHREVEPORT, LA 71118

Operator ID: 45178  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID P GLASPIE  
237 LEACH ROAD  
HORNBECK, LA 71439

Operator ID: 36026  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WALTER D GLASS  
40159 BEALE ST  
SLIDELL, LA 70461

Operator ID: 41467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
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**INVOICE**

JESSICA G GLODD  
1004 INVERERY DR  
LAKE CHARLES, LA 70605

**Operator ID: 21906**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN W GODFREY, III  
2822 HONEYSUCKLE LN  
RICHWOOD, LA 71202

Operator ID: 41262  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHANCE GODFREY  
3205 BLANCHARD RD  
SHREVEPORT, LA 71103

Operator ID: 43572  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

VAL P GOETZ  
18068 HWY. 40  
LORANGER, LA 70446

**Operator ID: 6970**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TONY L GOFF  
17613 CROSSING BLVD  
BATON ROUGE, LA 70810

Operator ID: 28335  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MIKEOUS D GOINS  
317 NORTH 8TH STREET  
MONROE, LA 71201

Operator ID: 24407  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY L GOLEMAN  
169 WANDA LANE  
DEQUINCY, LA 70633

Operator ID: 1776  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JULIO--DENNIS GOMEZ  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 11384  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARCUS D GOMEZ  
2651 BARRON RD SUITE 3051  
KEITHVILLE, LA 71047

Operator ID: 38092  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

RAMON GONZALES  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 11385  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MIKE GONZALES  
P O BOX 1252  
BUNKIE, LA 71322

Operator ID: 1782  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

SALVADOR GONZALEZ  
P O BOX 307  
GOLDEN MEADOW, LA 70357

**Operator ID: 43854**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

AMOSE J GOODEN, JR  
PO BOX 773  
MANSFIELD, LA 71052

Operator ID: 1783  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEANMARD GOODLY  
148 PARKWAY NORTH DR  
SLIDELL, LA 70458

Operator ID: 27806  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RAYMOND E GOODMAN  
14309 CROSSETT RD  
BASTROP, LA 71220

Operator ID: 1784  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRUCE D GOODRUM  
108 WEST 9TH ST  
RESERVE, LA 70084

Operator ID: 27106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL W GOODS  
PO BOX 415  
TALLULAH, LA 71282

Operator ID: 47076  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PHILLIP W GOODWIN  
PO BOX 183  
PITKIN, LA 70656

Operator ID: 40904  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH E GORDON  
15117 MEMORIAL TOWER RD  
BATON ROUGE, LA 70810

Operator ID: 26247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRENTON L GORDON  
4029 UNION DR  
ADDIS, LA 70710

Operator ID: 41403  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DANNY E GOREE  
2111 BRUG JONES LANE  
MONROE, LA 71202

**Operator ID: 4967**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARYL P GOSPEL  
1708 S 10TH  
MONROE, LA 71202

Operator ID: 40745  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT W GOSS  
3253 HWY 818  
RUSTON, LA 71270

**Operator ID: 1789**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HENRY W GOUDEAU, JR  
4414 E POST OAK ST  
GREENWELL SPRINGS, LA 70739

Operator ID: 1791  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SANDRA G GOUGH  
4054 DOWD RD  
COLLINSTON, LA 71229

Operator ID: 5192  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT J GOULD  
3001 FRANCES DR  
MORGAN CITY, LA 70380

Operator ID: 25748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIAM L GOULDIN  
3500 HOUSTON RIVER ROAD  
WESTLAKE, LA 70669

Operator ID: 7536  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MATHEW L GRAF  
8310 DIXIE BLANCHARD RD  
LOT 27  
SHREVEPORT, LA 71107

Operator ID: 28286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES C GRAHAM  
2118 DONAHUE FERRY RD  
PINEVILLE, LA 71360

Operator ID: 1801  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JOSH A GRAHAM  
1401 SEABORD DR  
BATON ROUGE, LA 70810

**Operator ID: 35727**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JOHN W GRANIER  
339 GOOD HOPE STREET  
NORCO, LA 70079

**Operator ID: 8011**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

AARON T GRANT  
424 P O MIDKIFF RD  
DERIDDER, LA 70634

Operator ID: 45737  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STACY B GRANT  
1162 ORANGE BLOSSOM LN  
HARVEY, LA 70058

Operator ID: 46552  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MERVIN A GRAVES, JR  
1213 KENNY DR  
WESTWEGO, LA 70094

Operator ID: 10832  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

GLENN T GRAVOIS  
13264 BRAZAN RD  
VACHERIE, LA 70090

**Operator ID: 1806**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KYLE J GRAY  
461 RUTLEDGE AVE  
SHREVEPORT, LA 71106

Operator ID: 10731  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

ARLEXIS E GRAY  
217 PLANK RD  
ST. JOSEPH, LA 71366

**Operator ID: 25749**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JIM M GRAY  
15495 TRACY LANE  
INDEPENDENCE, LA 70443

Operator ID: 5485  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DAMIEN GRAY  
113 UNION STREET  
MONTZ, LA 70068

**Operator ID: 8123**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

RANDALL S GREEN  
289 WILLS LANE  
CALHOUN, LA 71225

Operator ID: 11758  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
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INVOICE

LORNE D GREEN  
208 HWY 906  
MONTEREY, LA 71354

Operator ID: 1816  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HORACE GREEN, JR  
218 HOLLOWROCK CT.  
SLIDELL, LA 70461

Operator ID: 8014  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM R GREEN  
301 HOLLEY DRIVE  
JONESBORO, LA 71251

Operator ID: 9828  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARION R GREENE  
1920 WILLOWICK ST  
LAKE CHARLES, LA 70605

Operator ID: 1821  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEREMIE E GREGORY  
30458 FAIRWAY VIEW DR  
DENHAM SPRINGS, LA 70726

Operator ID: 24890  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER GREGUS  
4528 HESSMER AVENUE  
METAIRIE, LA 70002

Operator ID: 5746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LESTER L GRENEAUX  
103 HUNTERS LANE  
LAFAYETTE, LA 70507

Operator ID: 10866  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BOBBY M GRIER  
355 HUDSON ROAD  
FARMERVILLE, LA 71241

Operator ID: 33767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEVEN V GRIFFIN  
830 AVE F  
WESTWEGO, LA 70094

Operator ID: 36787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANTHONY W GRIFFIN  
1197 KIDDER LOOP  
MERRYVILLE, LA 70653

Operator ID: 46335  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD L GRIFFIN  
147 ANDY ALLEN ROAD  
RAYVILLE, LA 71269

Operator ID: 7807  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NORMAN M GRIFFIN  
POST OFFICE BOX 255  
DES ALLEMANS, LA 70030

Operator ID: 9775  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

BARBARA F GRIFFITH  
5108 HWY 371  
RINGGOLD, LA 71068

**Operator ID: 5768**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ADOLPH GRIMES  
42746 VICTORIA DR  
HAMMOND, LA 70403

Operator ID: 47773  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JACOB B GROBY, III  
29354 LYON LANE  
LACOMB, LA 70445

Operator ID: 1844  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROY D GROS  
6502 MAPLE ST  
ZACHARY, LA 70791

Operator ID: 37229  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES F GROUT  
1920 VENUS DRIVE  
BARKSDALE AFB, LA 71112

Operator ID: 6820  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RENNIE J GROWL  
304 S FASHION BLVD  
HAHNVILLE, LA 70057-2003

Operator ID: 9700  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JACK R GUARISCO  
13674 GLEN ELLIS ROAD  
WALKER, LA 70785

Operator ID: 8016  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

LUIS E GUERRERO  
14508 BELLA VILLA DR  
UNIT #7  
BATON ROUGE, LA 70810

**Operator ID: 7127**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONNIE J GUIDROZ  
1055 BRIDGE ST  
PARKS, LA 70582

Operator ID: 1857  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JARED T GUIDROZ  
5906 HWY 31  
OPELOUSAS, LA 70570

Operator ID: 45553  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRUCE GUIDRY  
2230 B MAIN HWY  
ARNAUDVILLE, LA 70512

Operator ID: 10402  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

CHARLES S GUIDRY, JR  
7305 VICTORIA DRIVE  
MAURICE, LA 70555

**Operator ID: 11250**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

CHRISTOPHER J GUIDRY  
1420 TENNESSEE ST  
LAKE CHARLES, LA 70607

**Operator ID: 15386**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH C GUIDRY  
POST OFFICE BOX 246  
BREAUX BRIDGE, LA 70517

Operator ID: 1866  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARLON J GUIDRY  
POST OFFICE BOX 1688  
LAROSE, LA 70373

Operator ID: 1868  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TODD C GUIDRY  
118 TISON ROAD  
CARENCRO, LA 70520

Operator ID: 1875  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PATRICK K GUIDRY, SR  
760 WILD CHERRY LANE  
BREAUX BRIDGE, LA 70517

Operator ID: 32786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

MARCELLE A GUIDRY  
19501 PLEASANT RD  
ABBEVILLE, LA 70510

**Operator ID: 38051**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROSS A GUIDRY  
276 BREAUXVILLE ST  
LAROSE, LA 70373

Operator ID: 39410  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAWRENCE GUIDRY, JR  
340 BLUNDELL RD  
WINNFIELD, LA 71483

Operator ID: 40343  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JONATHAN W GUIDRY  
754 GOODE ST  
THIBODAUX, LA 70301

Operator ID: 46093  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAURENCE GUIDRY  
119 PUBLIC RAMP ROAD  
WINNFIELD, LA 71483

Operator ID: 7260  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JASON P GUIDRY  
28670 INTRACOASTAL RD.  
PLAQUEMINE, LA 70764

Operator ID: 8448  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID J GUIDRY  
P O BOX 1084  
BREAUX BRIDGE, LA 70517

Operator ID: 8837  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

OTIS J GUILLORY  
750 LEWIS ST  
EUNICE, LA 70535

Operator ID: 10243  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TROY GUILLORY  
990 ERASTE LANDRY RD  
APT 106  
LAFAYETTE, LA 70506

Operator ID: 11040  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES GUILLORY  
565 HUSEMAN LN  
COVINGTON, LA 70435

Operator ID: 1881  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRIAN F GUILLORY  
113 CANYON DRIVE  
LAFAYETTE, LA 70506

Operator ID: 1891  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DANIEL GUILLORY, JR  
173 TOWN -N- COUNTRY RD  
ALEXANDRIA, LA 71302

Operator ID: 1892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CRAIG A GUILLORY  
120 CRAIG LN  
CAMERON, LA 70631

Operator ID: 26646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

KARACHIE H GUILLORY  
5306 HWY 358  
OPELOUSAS, LA 70570

Operator ID: 32787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JESSE R GUILLORY  
1117 N ELTON COURT  
LAKE CHARLES, LA 70607

Operator ID: 37650  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CHARLES J GUILLORY  
2406 OAK PARK BLVD.  
#533  
LAKE CHARLES, LA 70601

Operator ID: 6763  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SAMUEL J GUILLOT  
502 EGG BEND ROAD  
MARKSVILLE, LA 71351

Operator ID: 1895  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LINSTER J GUILLOT  
186 MICHEL LABORDE RD  
MANSURA, LA 71350

Operator ID: 1897  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GORDON GUILLOT  
PO BOX 125  
HESSMER, LA 71341

Operator ID: 1898  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DALE B GUILLOT  
POST OFFICE BOX 1653  
DERIDDER, LA 70634

Operator ID: 7262  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WENDY A GUILLOTTE  
17149 HWY 5  
LOGANSPOUT, LA 71049

Operator ID: 7581  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHEAL L GUIMBELLOT  
642 PHIL COOLEY RD  
LONGVILLE, LA 70652

Operator ID: 46338  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CYNTHIA J GUIN  
355 NORTH TALEN ROAD  
GUEYDAN, LA 70542

Operator ID: 10467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROCCO L GUIRLANDO  
1326 JOHNSON CIRCLE  
MONTGOMERY, LA 71454

Operator ID: 6126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GINA GURGAINERS  
395 COTTON ISLAND  
POLLOCK, LA 71467

Operator ID: 10367  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MELISSA G GURGAINERS  
198 COOK ROAD  
SIBLEY, LA 71073

Operator ID: 13971  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

BENJAMIN J GUY  
26283 SHADOWBROOK AVE  
DENHAM SPRINGS, LA 70726

Operator ID: 37770  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHEILLA D GUZMAN  
1192 SLAGLE RD  
LEESVILLE, LA 71446

Operator ID: 27288  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PATRICK GUZZARDO  
13136 NEW GENNESSE RD  
TICKFAW, LA 70466

Operator ID: 25266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAYMOND A HAAR  
POST OFFICE BOX 36  
BRITTANY, LA 70718

Operator ID: 10238  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL A HACKWORTH  
8038 HWY 1  
SHREVEPORT, LA 71107

Operator ID: 40472  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM D HADDEN  
5866 COLBERT ST  
NEW ORLEANS, LA 70124

Operator ID: 47715  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CARLE E HALE  
PO BOX 733  
MONTGOMERY, LA 71454

Operator ID: 45892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEFFERY R HALE  
171 LENA FLATWOODS RD  
LENA, LA 71447

Operator ID: 6507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PATIENCE M HALE-SIMONEAUX  
2800 LITTLE FLOCK RD  
MANY, LA 71429

Operator ID: 30867  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MATTHEW C HALL  
15525 SHIRLEY DRIVE  
PRAIRIEVILLE, LA 70769

Operator ID: 10928  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBIN R HALL  
438 MAIN ST  
CANKTON, LA 70584

Operator ID: 1920  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TYRONE HALL  
8810 LAKE FOREST  
NEW ORLEANS, LA 70127

Operator ID: 20387  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

THOMAS G HALL  
216 BLUE ROBERTS RD  
WISNER, LA 71378

**Operator ID: 25750**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS S HALL  
113 HILLCREST CIR  
HAUGHTON, LA 71037

Operator ID: 26426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PAUL R HALL  
22611 CARRIAGE PARISH LN  
ZARCHARY, LA 70791

Operator ID: 32406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES A HALL  
329 ST BENARD PKWY  
BRAITHWAITE, LA 70040

Operator ID: 38154  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANKLIN C HALL  
54296 HWY 445  
LORANGER, LA 70446

Operator ID: 39411  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIAM E HALL  
846 ANDREW MOUHOT RD  
RAGLEY, LA 70657

Operator ID: 43794  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HUGH R HALLE  
1610 COLLEGE DRIVE  
PINEVILLE, LA 71360

Operator ID: 35947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIE R HAMILTON  
4420 MAID STONE DRIVE  
LAKE CHARLES, LA 70605

Operator ID: 10469  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GRANDERSON D HAMILTON, IV  
1608 PINE STREET  
FRANKLIN, LA 70538

Operator ID: 10950  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN L HAMILTON, JR  
24325 LA HWY 16  
DENHAM SPRINGS, LA 70726

Operator ID: 1929  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CALEB L HAMILTON  
24325 HWY 16  
DENHAM SPRINGS, LA 70726

Operator ID: 44652  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICKY M HAMM  
P O BOX 1281  
PEARL RIVER, LA 70542

Operator ID: 14186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ANDREW C HAMMOND  
4551 SUMMERDALE  
LAKE CHARLES, LA 70605

Operator ID: 42322  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ROYAL HAMPTON, III  
5120 TOWERING OAKS AVE  
MARRERO, LA 70072

Operator ID: 37784  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**



John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALBERT J HANKINS  
11725 TROY ST  
BATON ROUGE, LA 70811

Operator ID: 40122  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NICHOLAS W HANKS  
PO BOX 1772  
SULPHUR, LA 70664

Operator ID: 16426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ANNA F HANNA  
POST OFFICE BOX 553  
COUSHATTA, LA 71019

**Operator ID: 12113**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALLEN P HANNA  
484 HEARD ROAD  
RUSTON, LA 71270

Operator ID: 39250  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL E HANSON  
P O BOX 939  
BALDWIN, LA 70514

Operator ID: 11308  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN C HANSON  
1085 VAN METER RD  
VINTON, LA 70668

Operator ID: 37850  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS E HANSON  
255 SUPERIOR DR  
RACELAND, LA 70394

Operator ID: 46896  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARREN P HARBOUR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 5394  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RUSSELL L HARDAWAY, SR  
4318 CANTRELL DR  
BERWICK, LA 70342

**Operator ID: 37080**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JASON HARDEN  
635 EDGAR ST  
BOSSIER CITY, LA 71112

Operator ID: 43592  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JAMES W HARDIN  
8074 FAIRLANE DR  
DENHAM SPRING, LA 70726

**Operator ID: 18666**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES H HARDY  
PO BOX 447  
IOWA, LA 70647

Operator ID: 10045  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EDWARD M HARDY, II  
10536 N LA HWY 82  
ABBEVILLE, LA 70510

Operator ID: 18686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID W HARDY  
19561 SOUTH FITZMORRIS RD  
COVINGTON, LA 70435

Operator ID: 37790  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MATTHEW J HARDY  
4923A CHOUIPIOUE RD  
SULPHUR, LA 70665

**Operator ID: 44577**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAY H HARGIS, JR  
930 WILLOW BRANCH RD  
DERIDDER, LA 70634

Operator ID: 42568  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

KEVIN HARGIS  
142 CHURCH STREET  
LOCKPORT, LA 70374

Operator ID: 9231  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

THOMAS A HARMON  
188 WINSTON JOHN RD  
KINDER, LA 70648

**Operator ID: 40082**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

BENJAMIN J HARMON  
203 CONCERTO CREST  
DUSON, LA 70529

**Operator ID: 5889**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

ANTHONY L HARPER  
411 EISSMAN RD  
APT 77  
LEESVILLE, LA 71446

Operator ID: 10594  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEFFERY A HARPER  
901 PINECONE DR  
LAKE CHARLES, LA 70611

Operator ID: 1965  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONALD L HARPER  
441 KINGS DRIVE  
PINEVILLE, LA 71360

Operator ID: 8019  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARYL W HARRELL  
7401 HWY 961  
CLINTON, LA 70722

Operator ID: 37776  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM B HARRELL  
12754 MUSTANG AVENUE  
BATON ROUGE, LA 70818

Operator ID: 8020  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DUSTIN L HARRELL  
11911 SCENIC HWY  
BATON ROUGE, LA 70807-1318

Operator ID: 8449  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DERICK P HARRINGTON  
114 MAPLE LN  
THIBODAUX, LA 70301

**Operator ID: 41446**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH M HARRINGTON  
15085 BLACKWATER RD  
ZACHARY, LA 70791

Operator ID: 4941  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BENJAMIN J HARRIS  
1450 COTTONWOOD DR  
DENHAM SPRINGS, LA 70726

Operator ID: 10522  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOUBERT HARRIS  
17836 OLD SCENIC HWY  
ZACHARY, LA 70791

Operator ID: 10553  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH HARRIS, JR  
POST OFFICE BOX 864  
WALKER, LA 70785

Operator ID: 12927  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

JOHN B HARRIS  
559 N. MAIN  
HEFLIN, LA 71039

Operator ID: 17072  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEFFREY T HARRIS  
16496 OAKVIEW DR  
PRAIRIEVILLE, LA 70769

Operator ID: 1973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LEONARD HARRIS  
4054 DOWD ROAD  
COLLINSTON, LA 71229

Operator ID: 1979  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD A HARRIS  
505 S 8TH ST  
EUNICE, LA 70535

Operator ID: 37455  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEREMY K HARRIS  
1809 STONEGATE CT  
BATON ROUGE, LA 70815

Operator ID: 39311  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TODD D HARRIS  
10042 GAMMA DR  
BATON ROUGE, LA 70814

Operator ID: 40824  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TERRY HARRIS, JR  
PO BOX 584  
VIOLET, LA 70092

Operator ID: 44078  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JASON C HARRIS  
2585 MARTHA ST  
SIMSBORO, LA 71275

Operator ID: 6755  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
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INVOICE

LOYD B HARRISON, III  
PO BOX 310  
COLFAX, LA 71417

Operator ID: 11461  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRAVIS L HARRISON  
10314 MAGNOLIA  
GREENWELL SPRINGS, LA 70739

Operator ID: 15486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS G HARRISON  
P O BOX 71  
MONTGOMERY, LA 71454

Operator ID: 32108  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES M HARRISON, SR  
PO BOX 183  
REEVES, LA 70658

Operator ID: 41027  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TERRY G HARRISON  
264 DEERFIELD ROAD  
MINDEN, LA 71055

Operator ID: 7014  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HENRY HART  
P.O. BOX 2488  
RESERVE, LA 70068

Operator ID: 1986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BILLIE L HARTLINE  
4209 PURDUE STREET  
METAIRIE, LA 70003

Operator ID: 1989  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES K HARTZO  
740 N CYPRESS  
VIVIAN, LA 71082

Operator ID: 12226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SPENCER T HARVEY  
187 LATINO DRIVE  
DONALDSONVILLE, LA 70346

Operator ID: 11043  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CARL K HARWELL  
P O BOX 246  
MANGHAM, LA 71259

Operator ID: 5433  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID K HATCHER  
3835 FLOYD DR.  
BATON ROUGE, LA 70808

Operator ID: 15426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARK R HATFIELD  
1505 MASON SMITH AVENUE  
METAIRIE, LA 70003

Operator ID: 1998  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LOUIS C HATTAWAY  
POST OFFICE BOX 35888  
WEST MONROE, LA 71294

Operator ID: 2000  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL S HATTEN  
207 DRAGO  
WEST MONROE, LA 71291

Operator ID: 4945  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD E HAULK, JR  
7 TULIP DR  
GRETNA, LA 70053-5032

Operator ID: 2001  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT K HAVARD  
P.O. BOX 13375  
LAKE CHARLES, LA 70612

Operator ID: 25751  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PATRICK C HAY  
2815 OAK CREEK DR  
PARIS, TX 75462

Operator ID: 10429  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARTIN P HAYDEL  
42340 CLOUATRE ROAD  
GONZALES, LA 70737

Operator ID: 10590  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN A HAYDEL  
4275 POPLAR DR  
SLIDELL, LA 70461

Operator ID: 2006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

NICKEY D HAYE  
108 OUIDA BRYAN ROAD  
FARMERVILLE, LA 71241

Operator ID: 13949  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EARL HAYES  
119 BAYWOOD AVE  
LAFAYETTE, LA 70501

Operator ID: 14347  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALLEN C HAYES  
PO BOX 310  
ZACHARY, LA 70791

Operator ID: 39215  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CALVIN HAYES  
5609 LANDOR DR  
GREENWELL SPRINGS, LA 70739

Operator ID: 7130  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RODRIGUES J HAYES  
4210 BARBARA AVENUE  
SHREVEPORT, LA 71109

Operator ID: 8941  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SAMUEL E HAYWOOD  
306 BEAVER RUN RD  
GREENSBURG, LA 70441

Operator ID: 16466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BENJAMIN L HEAD  
241 SUZANNE DR  
SHREVEPORT, LA 71115

Operator ID: 39150  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HARRY J HEAD, JR  
3419 OLE MISS DRIVE  
KENNER, LA 70065

Operator ID: 8862  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD P HEARD  
P O BOX 74  
HOMER, LA 71040

Operator ID: 2021  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAY W HEARD  
789 LA DON ST  
HAUGHTON, LA 71037

Operator ID: 28507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH C HEBERT  
2711 CHURCH STREET  
ZACHARY, LA 70791

Operator ID: 10442  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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INVOICE

GERALD D HEBERT  
11816 GABRIEL RD  
ERATH, LA 70533

Operator ID: 11684  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
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**INVOICE**

DANIEL W HEBERT  
38635 HWY 75  
PLAQUEMINE, LA 70764

**Operator ID: 27686**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

JOSEPH V HEBERT, III  
603 N MOSS ST  
CHURCH POINT, LA 70525

Operator ID: 30869  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID M HEBERT  
PO BOX 80843  
LAFAYETTE, LA 70598

Operator ID: 38616  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

THEODULE HEBERT, IV  
14430 BROWN ROAD  
BAKER, LA 70714

Operator ID: 42202  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES M HEBERT  
813 WATSON ST  
JENNING, LA 70546

Operator ID: 44433  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RUSTY P HEBERT  
4626 RABALAIS LANE  
ADDIS, LA 70710

Operator ID: 44997  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CAMILLE C HEBERT  
104 N. VOLTAIRE AVE  
NEW IBERIA, LA 70560

Operator ID: 46034  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDY J HEBERT  
316 WEST MAIN STREET  
NEW IBERIA, LA 70560

Operator ID: 4972  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Engineering Services

INVOICE

JARED J HEBERT  
309 GRACELAND  
ABBEVILLE, LA 70510

Operator ID: 6642  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROY E HEBRON  
152 DRYDEN RD  
BALL, LA 71405

Operator ID: 5980  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT W HECKLER  
1512 MONTANA AVE  
KENNER, LA 70062

Operator ID: 2045  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PHILIP R HECTOR  
112 SOUTHLAKE CIRCLE  
YOUNGSVILLE, LA 70592

Operator ID: 2046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN A HEIDEL, IV  
25121 LEETOWN RD  
PICAYUNE, MS 39466

Operator ID: 8750  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID A HEINTZ  
110 PORTER ST  
ST MARTINVILLE, LA 70582

Operator ID: 5719  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN C HEISE  
3518 ARVILLA LN  
LAKE CHARLES, LA 70605

Operator ID: 28226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LLOYD R HEITMEIER, JR  
2288 MERCEDES BLVD  
NEW ORLEANS, LA 70114

Operator ID: 2049  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAROLD J HELLER, JR  
916 NEYREY DR  
METAIRIE, LA 70001

Operator ID: 5639  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

J.W. HELLUMS, JR  
716 ROYAL STREET  
LAKE CHARLES, LA 70607

Operator ID: 8942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

HUBBELL P HELTZ  
316 GREGORY ST  
LULING, LA 70070

**Operator ID: 31206**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BLAINE J HELTZ  
1157 DESOTO DRIVE  
LUTCHER, LA 70071

Operator ID: 4991  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LARRY D HENDERSON  
2800 W. CAPERTON  
SHREVEPORT, LA 71109

Operator ID: 11203  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CADE A HENDERSON  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

Operator ID: 31247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JULES M HENDERSON  
25687 PALM WOOD CRT  
DENHAM SPRING, LA 70726

Operator ID: 45059  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEROME HENDERSON  
1726 LYNN STREET  
THIBODAUX, LA 70302

Operator ID: 7799  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL G HENDERSON  
27649 TALL OAKS DRIVE  
WALKER, LA 70785

Operator ID: 7800  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSH R HENDRIX  
PO BOX 41  
KELLY, LA 71441

Operator ID: 40464  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DUDLEY P HENDRIX  
999 NORTH 9TH ST  
APT 515  
BATON ROUGE, LA 70802

Operator ID: 42668  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

ROBERT C HENRY  
302 DANA AVE  
ABITA SPRINGS, LA 70420

**Operator ID: 13646**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DANIEL D HENRY  
129 BOURG-LAROSE HWY  
BOURG, LA 70343

Operator ID: 26886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEPHEN HENRY  
2234 PINE GROVE ROAD  
SALINE, LA 71070

Operator ID: 27770  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADRIEN HENRY  
818 W BELLEVUE ST  
OPELOUSAS, LA 70570

Operator ID: 42585  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

FRANCIS D HENSON  
108 LA CROIX ROAD  
PINEVILLE, LA 71360

**Operator ID: 2069**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREGG P HERBERT  
1920 FERONIA STREET  
METAIRIE, LA 70005

Operator ID: 2070  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

WILLIAM J HERNANDEZ, JR  
58325 DESOBRY  
PLAQUEMINE, LA 70764-3501

Operator ID: 10930  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

DARREN Z HERNANDEZ  
5117 LEE PLACE  
MARRERO, LA 70072

**Operator ID: 2071**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ERIC J HERNANDEZ  
813 ALICE DR FRNT  
LAFAYETTE, LA 70503

Operator ID: 5462  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY G HERRICK  
POBOX 1638  
KINDER, LA 70648

Operator ID: 39570  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AUDREY M HERRINGTON  
P O BOX 647  
BERNICE, LA 71222-0647

Operator ID: 43472  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

HERMAN H HERZOG  
272 POINT 3 DRIVE  
FLORIEN, LA 71429

Operator ID: 6644  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BOBBY W HESTER  
2731 HIGHWAY 155  
ASHLAND, LA 71002

Operator ID: 9026  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEVE M HEURTIN  
63271 GRAHAM RD  
AMITE, LA 70422

Operator ID: 2079  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES R HIBBARD  
12644 THREE LAKES DR  
WALKER, LA 70785

Operator ID: 7073  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RUSS W HICKS  
18112 HWY 10  
CLINTON, LA 70722

Operator ID: 10247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JACKY D HICKS  
320 AUDLEMAN RD  
DOYLINE, LA 71023

Operator ID: 32388  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES R HIGHSMITH  
PO BOX 5337  
BOSSIER CITY, LA 71171-5337

Operator ID: 2088  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID G HILL, II  
210 ST NICHOLAS STREET  
LULING, LA 70057

Operator ID: 11463  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LUCAS D HILL  
40147 PUMPKIN CENTER RD  
HAMMOND, LA 70403

Operator ID: 15506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID E HILL  
244 ALONZO  
WEST MONROE, LA 71291

Operator ID: 18727  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HERSCHEL HILL, JR  
POST BOX 842  
BOUTTE, LA 70039

Operator ID: 2095  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HARVEY W HILL  
6507 OUILEN BLVD  
SHREVEPORT, LA 71108

Operator ID: 22486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KYLA T HILL  
1922 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

Operator ID: 37768  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

LESTER L HILL, JR  
11449 ROUCHON LN  
CLINTON, LA 70722

**Operator ID: 45253**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

EUGENE HILL  
3860 ACCACIA LN  
HARVEY, LA 70058

Operator ID: 46613  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CIERA L HILL  
923 WEST 18 STREET  
LAKE CHARLES, LA 70601

Operator ID: 47319  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD R HILL  
103 SULLIVAN PLACE  
MONROE, LA 71202

Operator ID: 6225  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HERMAN HILL, III  
114 A SOUTH ARDIS AVE  
OIL CITY, LA 71061

Operator ID: 6272  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDALL J HILLE  
144 COTEAU JUANITA ST.  
HOUMA, LA 70364

Operator ID: 8606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES M HILTON  
1508 TEEKELL ST  
BOSSIER, LA 71111

Operator ID: 24647  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BART A HIMEL  
12473 THOMASSIE RD  
ST AMANT, LA 70774

Operator ID: 48792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LYLE J HINGLE  
8 WILLOW LANE  
GRETNA, LA 70053

Operator ID: 31186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT T HINGLE  
436 KELLOGG DR  
LULING, LA 70070

Operator ID: 37810  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHERELYN A HINGLE  
336 MILAN DR  
PORT SULPHUR, LA 70083

Operator ID: 38330  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD L HINTON  
1231 JEAN CHAPEL ROAD  
#94  
LEESVILLE, LA 71446

Operator ID: 28334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES E HISLOP  
311 MARIE  
WEST MONROE, LA 71291

Operator ID: 6579  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SAMUEL T HIXON  
2063 PRAIRIE RD  
MONROE, LA 71202

Operator ID: 2104  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN B HOCKEY  
2812 CYPRESS STREET  
LAKE CHARLES, LA 70601

Operator ID: 2106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JACOB B HODGES  
600 LECKIE RD  
CALHOUN, LA 71225

Operator ID: 47075  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MITCHELL W HOFFPAUR  
PO BOX 91  
HAYES, LA 70646

Operator ID: 11045  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GERALD HOFFPAUR  
PO BOX 12549  
LAKE CHARLES, LA 70611

Operator ID: 2116  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LARRY D HOGAN  
406 TREMONT  
RUSTON, LA 71270

Operator ID: 2120  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAMUEL C HOGGATT, JR  
P.O. BOX 212  
ARCHIBALB, LA 71218

Operator ID: 20007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN D HOLDCRAFT  
3359 WAYNE DR  
BATON ROUGE, LA 70805

Operator ID: 2123  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENDALL W HOLDEN  
PO BOX 1671  
GLENMORA, LA 71433

Operator ID: 11688  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOEL J HOLLAND  
121 COUNTRY ESTATES DR  
WEST MONROE, LA 71291

Operator ID: 15446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

AMY H HOLLAND  
3125 BURNETT TOWN RD  
RAGLEY, LA 70657

Operator ID: 36167  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAYMOND E HOLLENSHEAD  
3627 HWY. 534  
HOMER, LA 71040

Operator ID: 2129  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DON R HOLLEY  
575 BATON RD  
OAK GROVE, LA 71263

Operator ID: 37804  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

DANIEL V HOLLINS  
4544 SALEM DR  
BATON ROUGE, LA 70814

Operator ID: 27926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS W HOLLIS  
150 BURNETT RD  
QUITMAN, LA 71268

Operator ID: 35186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAMORIOUS C HOLLIS  
1304 CULLEN DR  
BASTROP, LA 71220

Operator ID: 46932  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER S HOLLY  
2401 STATE ST  
NEW ORLEANS, LA 70118

Operator ID: 2131  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRADARIOUS R HOLMES  
805 JOHNSON  
RUSTON, LA 71270

Operator ID: 31846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH L HOLT, JR  
149 DIXIE CHURCH RD  
SIEPER, LA 71472

Operator ID: 43796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID L HOLT  
8740 ELYSIAN FIELD RD  
GREENWOOD, LA 71033

Operator ID: 48192  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEITH L HOLT, SR  
157 DIXIE CHURCH ROAD  
SIEPER, LA 71472

Operator ID: 7272  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM W HOLY, JR  
419 OAK ST  
HOUMA, LA 70363

Operator ID: 42627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ULYSESS HONORE  
4744 FRENCHMEN STREET  
NEW ORLEANS, LA 70122

**Operator ID: 2139**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH J HOPEL  
719 WEST BANK EXPRESSWAY  
GRETNA, LA 70053

**Operator ID: 35388**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LANDON C HOPKINS  
20834 HOLMES DRIVE  
ZACHARY, LA 70791

Operator ID: 29327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GERARD H HOPKINS  
220 AUTUMN WIND LN  
MANDEVILLE, LA 70471

Operator ID: 37093  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PHILLIP O HORNBACK  
19770 SAW MILL LANE  
LIVINGSTON, LA 70726

Operator ID: 48752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY R HORNE  
27 NELSON RD LOT 4  
MONROE, LA 71203

Operator ID: 38850  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

STEPHEN A HORNSBY  
105 GUIDRY ST.  
BOURG, LA 70343

Operator ID: 2150  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN W HORTON  
107 SAVANNAH CIR  
LEESVILLE, LA 71446

Operator ID: 2153  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RODGERIKA B HORTON  
2525 W ORICE ROTH RD  
APT 1207  
GONZALES, LA 70737

Operator ID: 31708  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	<b>20.00</b>
WASTEWATER TREATMENT 2	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERMAINE K HORTON  
14573 TILBURY RD  
NEW ORLEANS, LA 70128

Operator ID: 7654  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SHANE M HOSCH  
205 TIFFANY ST  
SLIDELL, LA 70461

Operator ID: 36177  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RALPH A HOSCH  
116 BERNAY DR  
SLIDELL, LA 70458

Operator ID: 46474  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DREW M HOSLI  
#33 BERKLEY AVE  
HARAHAN, LA 70123

Operator ID: 2157  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVE F HOSS, JR  
8826 BMG DRIVE  
MARINGOUIN, LA 70757

Operator ID: 2158  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES W HOSS  
7077 HWY 80 W  
RUSTON, LA 71270

Operator ID: 35807  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

MICHAEL J HOTARD, JR  
PO BOX 108  
LULING, LA 70070

Operator ID: 38352  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN HOUSE  
118 SCHOOL STREET  
DELHI, LA 71232

Operator ID: 24747  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

RYLAND L HOUSTON  
3527 PLANTATION RIDGE DR  
ADDIS, LA 70710

**Operator ID: 45953**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BELINDA A HOUY  
565 WADDELL ST  
VIDOR, TX 77662

Operator ID: 11428  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES HOWARD  
127 JUDY STREET  
LAFAYETTE, LA 70501

Operator ID: 10870  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

SHANA T HOWARD  
1809 MEEKER LOOP  
LAPLACE, LA 70068

Operator ID: 13667  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD HOWARD, SR  
119 JEAN ELLEN AVE  
HOUMA, LA 70363

Operator ID: 2166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAY A HOWARD  
13230 JOYCELYN DRIVE  
WALKER, LA 70785-4037

Operator ID: 2167  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

KEVIN G HOWARD  
1401 MADISON ST  
GRETNA, LA 70054

Operator ID: 36228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

ANDREW HOWARD  
123 NICHOLAS ST  
HAHNVILLE, LA 70057

**Operator ID: 46937**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIEL K HOWARD  
POST OFFICE BOX 296  
KEITHVILLE, LA 71047

Operator ID: 7277  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

CHARLES M HOWELL, JR  
10607 BENNET DR  
DENHAM SPRINGS, LA 70706

**Operator ID: 44273**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVE L HOWERTON  
225 MAYO AVENUE  
HARAHAN, LA 70123

Operator ID: 9378  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

THOMAS C HOYT  
7009 GLENN STREET  
METAIRIE, LA 70003-4943

Operator ID: 15526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SHIRLEY P HUBBARD  
7820 SANDPIPER DRIVE  
NEW ORLEANS, LA 70128

Operator ID: 2862  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAULA L HUCKABY  
4031 MONTE VISTA DR  
ADDIS, LA 70710

Operator ID: 37852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

HARRY L HUDSON  
4453 BEAVER CREEK  
GREENWELL SPRINGS, LA 70739

**Operator ID: 2179**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

KEITH HUDSON  
3610 CLEMATIS ST  
NEW ORLEANS, LA 70122

Operator ID: 32809  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRITNEY L HUDSPETH  
229 BONAPARTE ST  
JOAQUIN, TX 75954

Operator ID: 17146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JACK HUERKAMP  
38388 PINE STREET  
PEARL RIVER, LA 70452-5192

Operator ID: 2184  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

AUBREY B HUFF  
5180 HWY 17  
P O BOX 120  
CROWVILLE, LA 71230

Operator ID: 2186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CATHY A HUFF  
104 GAMMA ST  
BELLE CHASSE, LA 70037

Operator ID: 38310  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TOMMY R HUFF, JR  
104 GAMMA STREET  
BELLE CHASSE, LA 70037

Operator ID: 6713  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONALD L HUFFMAN  
3332 OLE MISS DRIVE  
KENNER, LA 70065

Operator ID: 2188  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

VICTOR A HUFFSTATLER  
3650 MEADOWLAND CT  
ZACHARY, LA 70791

**Operator ID: 27207**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE B HUGHES, SR  
2801 WEST CALIFORNIA AVE  
RUSTON, LA 71270

Operator ID: 2190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FRANCIS E HUGHES  
P O BOX 174  
HORNBECK, LA 71439

Operator ID: 43798  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIE F HUGHES  
2224 GREENWAY DRIVE  
ALEXANDRIA, LA 71301-3005

**Operator ID: 5211**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRISTOPHER D HUGHES  
4579 HWY. 818  
RUSTON, LA 71270

Operator ID: 7017  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GILROY J HUGUET  
6334 LA 44  
CONVENT, LA 70723

Operator ID: 43055  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH J HUKILL  
61280 KINGS ARMS DRIVE  
LACOMBE, LA 70445

Operator ID: 9551  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES B HUMPHRIES  
2600 FOXXWOOD DRIVE  
RUSTON, LA 71270

Operator ID: 10022  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERAME W HUNT  
9016 CEDAR SPRING  
DENHAM SPRINGS, LA 70720

Operator ID: 29066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAUL T HUNT  
21019 ED HILL ROAD  
FRANKLINTON, LA 70438

Operator ID: 31887  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID G HUNT  
437 HANSON DR  
DOYLINE, LA 71023

Operator ID: 38892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KATHY M HUNTER  
2103 11TH STREET  
KENNER, LA 70062

Operator ID: 11529  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEROME T HUNTER  
5519 JEFF DAVIS DR  
ALEXANDRIA, LA 71301

Operator ID: 32268  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MORRIS T HUNTER  
2919 REGENT STREET  
SHREVEPORT, LA 71109

Operator ID: 8946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY HUNTLEY  
600 MAIN STREET  
GUEYDAN, LA 70542

Operator ID: 7356  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ALLEN R HURLBUT  
1473 BEL FIRETOWER RD  
REEVES, LA 70658

Operator ID: 41022  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK A HURST  
6140 ROUGON RD  
PORT ALLEN, LA 70767

Operator ID: 46475  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MADONNA HUTCHINSON  
POST OFFICE BOX 222  
ROSEDALE, LA 70772

Operator ID: 8761  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PHILLIP R HUTTO  
7691 HWY 17  
WINNSBORO, LA 71295

Operator ID: 5999  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMIE P HYMEL  
18218 RIVER ROAD  
LAPLACE, LA 70068

Operator ID: 2210  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GUY J HYMEL, JR  
58640 HWY 404  
WHITE CASTLE, LA 70788

Operator ID: 2213  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LANCE D HYMEL  
3338 HWY 44  
RESERVE, LA 70084

Operator ID: 33527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JAVIER F IBARRA  
1821 WOODROW AVE  
METAIRIE, LA 70001

**Operator ID: 41002**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

ROSEMARIE INGALLS  
12755 HWY. 465  
LEESVILLE, LA 71446

**Operator ID: 20509**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BOBBY N INGRAHAM  
P O BOX 614  
PORT SULPHUR, LA 70083

Operator ID: 8454  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JIMMY C INGRAM, JR  
5298 HWY 565  
JONESVILLE, LA 71343

Operator ID: 11192  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN R INGRAM  
221 W. THOMAS  
SULPHUR, LA 70663

Operator ID: 8344  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARVIN E INMAN  
8722 PINEHAVEN DR.  
KEITHVILLE, LA 71047

Operator ID: 11603  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LYNTON B IRISH, JR  
8713 WEST WILDERNESS WAY  
SHREVEPORT, LA 71106

Operator ID: 12176  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

REOLAND J ISAAC  
1634 SOUTHLAWN BLVD  
NEW ORLEANS, LA 70114

Operator ID: 2223  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

TAMMY Y ISAKSON  
P O BOX 921  
MONTGOMERY, LA 71454

Operator ID: 42672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL L ISENBERG  
1320 FOURTH AVE  
PICAYUNE, MS 39466

Operator ID: 2225  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSIE A ISIDORE  
1203 W 1ST ST #A  
BELLE CHASE, LA 70037

Operator ID: 6715  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES R IVEY  
520 CR 330  
DEBERRY, TX 75639

Operator ID: 12227  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TREMAINE G IVEY  
642 TAYLOR ST  
KENNER, LA 70062

Operator ID: 39671  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHAWN P IVEY  
269 ZODIE SIMS RD  
CALHOUN, LA 71225

Operator ID: 45374  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN W JACK  
1212 HUDSON BLVD  
ALEXANDRIA, LA 71302

Operator ID: 6648  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE JACKSON, III  
PO BOX 597  
ST. GABRIEL, LA 70776

Operator ID: 10161  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LOUIS C JACKSON, SR  
233 ADONIS WAY  
TERRY TOWN, LA 70056

Operator ID: 10833  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AVONDALE L JACKSON  
POST OFFICE BOX 150  
MAIL ROUTING BLDG 8010  
PLAQUEMINE, LA 70765-0150

Operator ID: 10981  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARDELL JACKSON  
8586 TYSON ROAD  
RODESSA, LA 71069

Operator ID: 11904  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAROLD JACKSON  
2649 VIRGINIA COLONY  
LAPLACE, LA 70068

Operator ID: 14566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

RICHARD C JACKSON  
1575 DAVIS ST  
BAKER, LA 70714

**Operator ID: 2238**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

EDDIE L JACKSON  
1155 HYMES RD  
NATCHITOCHEs, LA 71457

Operator ID: 2240  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

VANDERBILL JACKSON  
PO BOX 932  
HAHNVILLE, LA 70057

Operator ID: 2242  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LOUIS JACKSON  
3130 N ROCHE BLAVE ST  
NEW ORLEANS, LA 70117-6425

Operator ID: 2247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIE E JACKSON, III  
114 TIMBER RIDGE DR  
RAEFORD, NC 28376

**Operator ID: 2249**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JANET E JACKSON  
4428 FAIRWAY DRIVE  
SHREVEPORT, LA 71109

Operator ID: 26447  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES L JACKSON  
910 5TH ST  
BENTON, LA 71006

Operator ID: 33746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD W JACKSON  
3354 GERLANDO DRIVE  
BATON ROUGE, LA 70814

Operator ID: 36513  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CASEY E JACKSON  
107 SUNDANCE DR  
RUSTON, LA 71270

Operator ID: 37049  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

TRAVIS D JACKSON  
229 SMYRNA RD  
DERIDDER, LA 70634

Operator ID: 45740  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL JACKSON, SR  
3834 HWY 44  
MOUNT AIRY, LA 70076

**Operator ID: 5012**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ANTHONY C JACKSON  
1216 NORTH 44TH STREET  
BATON ROUGE, LA 70802

Operator ID: 6649  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

LEWIS E JACKSON  
505 ST. JAMES STREET  
DERIDDER, LA 70634

**Operator ID: 6651**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN A JACKSON, JR  
POST OFFICE BOX 1172  
OBERLIN, LA 70655

Operator ID: 8609  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID G JACOBS  
922 AVE L  
BOGALUSA, LA 70427

Operator ID: 2253  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEPHEN E JACOBS  
1500 GARLAND PL  
SHREVEPORT, LA 71105

Operator ID: 46992  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLYDE L JAMES  
276 OLD RIVER ROAD  
ALEXANDRIA, LA 71302

Operator ID: 11051  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ARTHUR L JAMES  
15095 RAILROAD ST  
BONITA, LA 71223

Operator ID: 11814  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSHUA JAMES  
3488 PETE SEAY RD  
SULPHUR, LA 70665

Operator ID: 2261  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

SARGON JAMES  
30 MARS PL.  
NEW ORLEANS, LA 70125

**Operator ID: 2262**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSE W JAMES  
6737 OAK LAKE DR  
SULPHUR, LA 70665

Operator ID: 2264  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD E JAMES  
212 TUDOR ST  
HOUMA, LA 70364

Operator ID: 28146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CONARD JAMES  
1626 KING DR  
NEW ORLEANS, LA 70122

Operator ID: 5665  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL D JAMES, SR  
102 BRENDA DRIVE  
HAMMOND, LA 70403

Operator ID: 7313  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAMIAN W JARREAU  
10842 SECTION RD  
PORT ALLEN, LA 70767

Operator ID: 38151  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

HORACE JASON, III  
3236 GENERAL COLLINS ST  
LAKE CHARLES, LA 70615

Operator ID: 5694  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BILLY C JEANE  
P O BOX 290  
SLAGLE, LA 71475

Operator ID: 4947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEPHEN P JEANSONNE  
20768 TUCKER ROAD  
ZACHARY, LA 70791

Operator ID: 38595  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JASON B JEFLOAT  
P O BOX 854  
PONCHATOULA, LA 70454

**Operator ID: 37457**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES E JENKINS  
9628 L WILLIAMS RD  
CLINTON, LA 70722

Operator ID: 13389  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

ALLEN W JENKINS, JR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 2285  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTIAN L JENKINS  
58245 DESOBRY ST  
PLAQUEMINE, LA 70764

Operator ID: 29546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DANETTE JENKINS  
845 GALVEZ ST  
MANDEVILLE, LA 70448

Operator ID: 4963  
Date: 1/27/2016

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PALMER JENKINS  
123 CHAUVIN  
ABBEVILLE, LA 70510-5435

Operator ID: 7795  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEROME R JENNINGS  
1772 PAVILLION DR  
IOWA, LA 70647-4124

Operator ID: 10971  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

IRA JENNINGS  
1107 SUMMERLIN LANE  
BASTROP, LA 71220

Operator ID: 2286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BERTHA L JENNINGS  
440 BELLE VUE DR  
LOCKPORT, LA 70374

Operator ID: 46392  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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INVOICE

CHRISTOPHER JENNINGS  
242 FRAZER  
LAKE CHARLES, LA 70605

Operator ID: 8094  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

HUBERT A JERRY  
919 PARK CIRCLE  
OPELOUSAS, LA 70570

Operator ID: 15546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH E JESELINK  
385 PLATTIS LANDING RD  
BERNICE, LA 71222

Operator ID: 2288  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MORGAN T JESTER  
113 LILLIAN  
BOSSIER, LA 71111

Operator ID: 46934  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH JETER  
1514 SHORT STREET  
OLLA, LA 71465

Operator ID: 24466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOSEPH J JOFFRION  
303 COFFEE ST  
DEQUINCY, LA 70633

Operator ID: 36528  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

LEONARD M JOFFRION  
7414 HIGHWAY 1 SOUTH  
DONALDSONVILLE, LA 70346

**Operator ID: 8610**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

GARY J JOHANTGES  
73294 PENN MILL RD  
COVINGTON, LA 70435

Operator ID: 45792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JASON C JOHNS  
601 TEAL CIRCLE  
WEST MONROE, LA 71291

Operator ID: 11862  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BOBBY JOHNSON  
2930 MUNICIPAL PIER ROAD  
SHREVEPORT, LA 71119

Operator ID: 10024  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

WALTER C JOHNSON  
POST OFFICE BOX 6161  
LAKE CHARLES, LA 70606

Operator ID: 10163  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHNNY W JOHNSON  
6369 HAWKS ROAD  
LEESVILLE, LA 71446

Operator ID: 10473  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES JOHNSON  
1011 WINFIELD ROAD  
PRINCETON, LA 71067

Operator ID: 10750  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENNETH J JOHNSON  
201 TINY CT  
SLIDELL, LA 70460

Operator ID: 10958  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEPHEN B JOHNSON  
POST OFFICE BOX 921  
ALBANY, LA 70711

Operator ID: 11054  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GEORGE JOHNSON  
14576 HWY 10  
CLINTON, LA 70722

Operator ID: 11415  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER PRODUCTION 2	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

KARL J JOHNSON  
208 DAVIS RD  
SIMSBORO, LA 71275

Operator ID: 15566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

EDWARD A JOHNSON  
392 LOUISIANA AVE  
WINNFIELD, LA 71483

Operator ID: 17566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LONNIE JOHNSON, JR  
5174 LAKEVIEW CT  
NEW ORLEANS, LA 70126

Operator ID: 20409  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEFFERY L JOHNSON  
3342 LITTLE FARMS DRIVE  
ZACHARY, LA 70791

Operator ID: 2297  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH D JOHNSON, JR  
113 TWAIN RD  
DUSON, LA 70529

Operator ID: 2303  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JONATHAN C JOHNSON  
14587 CARROLL AVE  
WALKER, LA 70785

Operator ID: 2307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

CARL M JOHNSON  
900 PENNINGTON LANE  
RUSTON, LA 71270

**Operator ID: 2311**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NATHAN E JOHNSON  
2054 CYPRESS CREEK ROAD  
OAKDALE, LA 71463

Operator ID: 2315  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONDOL B JOHNSON  
275 FINLAND PL  
NEW ORLEANS, LA 70131

Operator ID: 2322  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DONALD R JOHNSON  
953 WARD LANE  
PRINCETON, LA 71067

Operator ID: 2326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH W JOHNSON  
227 MCMANUS DR  
EUNICE, LA 70535

**Operator ID: 30109**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DONALD E JOHNSON  
427 GREENMOORE RD  
STARKS, LA 70661-3919

Operator ID: 32246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRACY A JOHNSON  
201 D STEMMANS RD  
SCOTT, LA 70583

Operator ID: 38072  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

JIMMY D JOHNSON  
P O BOX 23  
ELIZABETH, LA 70638

**Operator ID: 45732**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER M JOHNSON  
909 RACE ST  
NEW ORLEANS, LA 70130

Operator ID: 46775  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LISA W JOHNSON  
138 THIRD ST  
ST ROSE, LA 70087

Operator ID: 48132  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

BENOIT A JOHNSON  
PO BOX 462  
DRY CREEK, LA 70637

Operator ID: 48593  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JOHN M JOHNSON  
506 KEES CIRCLE  
LAFAYETTE, LA 70506

**Operator ID: 5476**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD B JOHNSON  
1622 BLOOD BEND ROAD  
ST. LANDRY, LA 71367

Operator ID: 6519  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL J JOHNSON  
109 MAYHAW STREET  
DERIDDER, LA 70634

Operator ID: 6523  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARREN K JOHNSON  
27072 TEENY WEENY LANE  
FOLSOM, LA 70437

Operator ID: 6829  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAMELLA O JOHNSON  
1027 BODCAU STATION ROAD  
HAUGHTON, LA 71037-9573

Operator ID: 6830  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES D JOHNSON  
6355 FEDERAL 80  
RAYVILLE, LA 71269

Operator ID: 7446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MITCHELL J JOHNSON  
399 AVERY MITCHELL PVT RD  
YOUNGSVILLE, LA 70592

Operator ID: 7889  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FELIX R JOHNSON  
607 DONALDSON  
DRY PRONG, LA 71423

Operator ID: 7898  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WADE F JOHNSON  
44350 E. VILLAR JR ROAD  
PRAIRIEVILLE, LA 70769

Operator ID: 8784  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GARY W JOHNSON  
7012 PERKINS PLACE COURT  
APT A  
BATON ROUGE, LA 70812

Operator ID: 9056  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSHUA L JOHNSTON  
756 KENNEDY AVE  
DENHAM SPRINGS, LA 70726

Operator ID: 43799  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT G JOHNSTON  
216 LETON CUTOFF ROAD  
SHONGALOO, LA 71072

Operator ID: 5004  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

KEITH W JOHNSTON  
404 E KRAUSE STREET  
WESTLAKE, LA 70669-4814

Operator ID: 6120  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TIEG A JOINER  
56081 HWY 445  
HUSSER, LA 70442

Operator ID: 16666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANTHONY D JOLLA  
PO BOX 823  
FERRIDAY, LA 71334

Operator ID: 45172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

GEORGE JOLLA, JR  
325 BAYOU DRIVE  
FERRIDAY, LA 71334

**Operator ID: 4964**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEROY P JONES  
185 JONES RD  
PLAIN DEALING, LA 71064

Operator ID: 10257  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LEE C JONES  
2626 W SALE ROAD  
LAKE CHARLES, LA 70605

Operator ID: 11503  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JUDY G JONES  
185 JONES ROAD  
PLAIN DEALING, LA 71064

Operator ID: 12228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON W JONES  
810 TOWNSLEY RD  
DERIDDER, LA 70634

Operator ID: 12307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES A JONES  
38101 HOPE VILLA DR  
PRAIRIEVILLE, LA 70769

Operator ID: 14787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EDWIN E JONES  
240 MAROQUETTE DR  
NATCHITOCHEs, LA 71457

Operator ID: 15586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKY J JONES  
1630 RAVIER LN  
SUNSHINE, LA 70780

Operator ID: 18027  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEMETRIUS E JONES  
7610 MOREL ST  
NEW ORLEANS, LA 70128

Operator ID: 20410  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ELIZABETH H JONES  
8800 SOUTH CLAIBORNE AVEN  
NEW ORLEANS, LA 70065

Operator ID: 2362  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN K JONES  
407 INCARNATE WORD  
KENNER, LA 70065

Operator ID: 2373  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TONY M JONES  
18324 CREP BRUMFIELD RD  
FRANKLINTON, LA 70438

Operator ID: 2374  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FRANKIE J JONES  
POST OFFICE BOX 176  
PIONEER, LA 71266

Operator ID: 2376  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ARCHIE L JONES  
P O BOX 547  
CULLEN, LA 71021

Operator ID: 2382  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DONALD F JONES, II  
3492 US HWY 171  
STONEWALL, LA 71078

Operator ID: 25766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILBERT JONES  
604 BEATRICE STREET  
HOUMA, LA 70363

Operator ID: 2870  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEO G JONES  
P O BOX 471  
WHITE CASTLE, LA 70788

Operator ID: 32166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SIDNEY S JONES  
1904 MARK ST  
LAKE CHARLES, LA 70607

Operator ID: 36168  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES L JONES  
1728 KEMBO AVE  
VILLE PLATTE, LA 70586

Operator ID: 38060  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDALL H JONES  
1020 WILLOWBANK DR  
ASHLAND CITY, TN 37015

Operator ID: 41662  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TODD L JONES  
409 DANNA ROAD  
WEST MONROE, LA 71292

Operator ID: 45824  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RICHARD M JONES  
346 ARMSTRONG RD  
DELHI, LA 71232

**Operator ID: 47039**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RUSSELL T JONES  
26088 FALLEN OAKS DRIVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 5153**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

FRANK L JONES  
80 CABUCK LANE  
RAYVILLE, LA 71269

Operator ID: 5544  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LOUIS C JONES, JR  
4714 SULLIVAN STREET  
BOSSIER, LA 71111

Operator ID: 5681  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BEN JONES, JR  
139 TILLOU ANDRUS DR  
OPELOUSAS, LA 70570

Operator ID: 5804  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN R JONES, JR  
7317 REDD RD  
FALLS CHURCH, VA 22043-2709

Operator ID: 5847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DON P JONES  
106 POTOMAC  
BOGALUSA, LA 70427

Operator ID: 5900  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHNNY JONES  
4943 SCHINDLER DRIVE  
NEW ORLEANS, LA 70127

Operator ID: 6065  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DONALD R JONES  
2908 CONCORDIA DRIVE  
LAPLACE, LA 70068

**Operator ID: 6348**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EMANUEL F JONES  
512 VIRGIL STREET  
LAKE PROVIDENCE, LA 71254

Operator ID: 6584  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH H JONES  
76 LEE STREET  
FRANKLIN, LA 70538

Operator ID: 6653  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CURY JONES  
124 CARLTON DR  
LAFAYETTE, LA 70501

Operator ID: 7519  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRODERICK N JONES  
6155 CEDAR GROVE DR  
BATON ROUGE, LA 70812

Operator ID: 7634  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MYRON G JONES  
2008 GUILLORY ST  
WESTLAKE, LA 70669

Operator ID: 8597  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PHILIP C JORDAN  
148 RUBY DR  
ANACOCO, LA 71403

Operator ID: 26787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIE H JORDAN  
3701 SANDY LANE  
HARVEY, LA 70058

Operator ID: 32929  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

STEVE A JORDAN  
2240 HWY 80  
VICKSBURG, MS 39180

Operator ID: 38093  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DALE O JORDAN  
518 WEST HOOVER STREET  
DESTREHAN, LA 70047

Operator ID: 5714  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JEFFERY JOSEPH  
6618 ESTATE LANE  
LAKE CHARLES, LA 70607

Operator ID: 31266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LANCE G JOSEPH  
8701 GERVAIS  
NEW ORLEANS, LA 70127

Operator ID: 32930  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ENSLEY JOSEPH  
PO BOX 310  
ZACHARY, LA 70791

Operator ID: 48613  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00
OP-IN-TRAINING - WP	10.00
OP-IN-TRAINING - WT	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANTHONY JOSEPH, SR  
136 LAKE RIDGE DRIVE  
LAPLACE, LA 70068

Operator ID: 6341  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PERRY JOSEPH, JR  
715 BREAUX DRIVE  
LAPLACE, LA 70068

Operator ID: 7131  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN P JOSEPH  
518 PERRY DRIVE  
ABBEVILLE, LA 70510

Operator ID: 7900  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ALLEN J JUBE, JR  
12059 ARC RD  
COVINGTON, LA 70435

Operator ID: 10574  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN J JUDERMAN  
6510 SHREVEPORT HWY  
PINEVILLE, LA 71360

Operator ID: 2400  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J JUDICE  
1300 MARIE STREET  
RAYNE, LA 70578

Operator ID: 6534  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKY JUDICE  
405 FELECIE DRIVE  
LAFAYETTE, LA 70506

Operator ID: 9188  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

ANTONIO O JUMPER  
505 TAYLOR  
BASTROP, LA 71220

**Operator ID: 24468**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

COREY L JUNIOR  
223 W PIN OAK  
ST ROSE, LA 70087

Operator ID: 28348  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DELANOR S JUNIS  
2631 PANAMA ST  
KENNER, LA 70062

Operator ID: 32931  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAUREN A JUNOT  
9835 JUDI AVE  
BATON ROUGE, LA 70815

Operator ID: 37863  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVEN D JUNOT  
7626 SOUTH RIVER ROAD  
ADDIS, LA 70710

Operator ID: 6934  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KAWIKA K KAAI  
312 1/2 NINTH ST  
MORGAN CITY, LA 70380

Operator ID: 11884  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD R KAEHN  
300 BAYOU CLEAR RD  
WOODWORTH, LA 71485

Operator ID: 43012  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRIS KAISER  
221 KAISER RD  
KROTZ SPRINGS, LA 70750

Operator ID: 45152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DALE A KALISZESKI  
38 COLONY ROAD  
GRETNA, LA 70056

**Operator ID: 47676**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID KALNASY, JR  
264 RYAN RD  
BENTON, LA 71006

Operator ID: 22026  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

PATRICK J KANE  
100 CAPRI COURT  
HOUMA, LA 70364

**Operator ID: 32946**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JACK L KEADLE  
201 OLYMPIC DRIVE  
LAFAYETTE, LA 70506

Operator ID: 10558  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRENDA D KEARNS  
3300 BAYOU D'LNDE ROAD  
WESTLAKE, LA 70669

Operator ID: 2409  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE KEATING  
318 EAST 7TH ST  
GRAMERCY, LA 70052

Operator ID: 37628  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES R KEEN  
507 MAGNOLIA ST  
DERIDDER, LA 70634

Operator ID: 18786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAROLD F KEIRSEY, JR  
241 BLANCHARD ST  
APT 3103  
WEST MONROE, LA 71291

Operator ID: 44032  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TARA W KEITH  
P O BOX 32  
CALVIN, LA 71410

Operator ID: 38890  
Date: 1/27/2016

This is your 2016 /2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KATHLEEN E KEITH  
1333 COATES BLUFF DR  
APT# 1228  
SHREVEPORT, LA 71104

Operator ID: 45275  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRACY E KELL  
3545 CYPRESS LANE  
PAULINA, LA 70763

Operator ID: 24046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SHELBY D KELLEY  
8925 HWY 167 SOUTH  
RUSTON, LA 71273

Operator ID: 10576  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROGER S KELLEY  
426 BRENDA DR  
DENHAM SPRING, LA 70726

Operator ID: 2422  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WILLIAM G KELLEY  
117 BILL KELLEY ROAD  
DODSON, LA 71422

Operator ID: 2428  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JOHN C KELLEY  
17037 BENTONS FERRY AVE  
GREENWELL SPRINGS, LA 70739

Operator ID: 48152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMES E KELLUM  
1009 N HOWARD AVE.  
METAIRIE, LA 70003

Operator ID: 32947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TYRONE KELLY, SR  
POST OFFICE BOX 2451  
ST FRANCISVILLE, LA 70775

Operator ID: 10808  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VIRGINIA S KELLY  
1100 SOUTH ST VALERIE  
ABBEVILLE, LA 70510

Operator ID: 20926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CARL J KELLY  
5540 CHRISTIAN LANE  
NEW ORLEANS, LA 70126

Operator ID: 2426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARVIN W KEMP  
P O BOX 13430  
LAKE CHARLES, LA 70612

Operator ID: 46812  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES W KENNEDY, JR  
3218 ARDIS TAYLOR  
SHREVEPORT, LA 71118

Operator ID: 17126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALVIN W KENNEDY  
201 HOLIDAY BLVD STE 150  
COVINGTON, LA 70433-5013

Operator ID: 2434  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MARIO D KENNEDY  
3515 CLAIBORNE STREET  
METAIRIE, LA 70001

Operator ID: 8259  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

LICENSE TYPE

2016 - 2017 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN K KENT  
4411 CHEROKEE ROSE DR  
ZACHARY, LA 70791

Operator ID: 38790  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KERRY L KEOWEN  
11827 PHEASANTWOOD DRIVE  
BAKER, LA 70714

Operator ID: 11792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PATRICK J KERR  
P.O. BOX 96016  
BATON ROUGE, LA 70896-9016

Operator ID: 4960  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

AARON M KERRY  
1326 LOUIS  
SHREVEPORT, LA 71108

Operator ID: 11892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NGUYEN KHA  
260 FLAT RIVER ROAD  
BOSSIER CITY, LA 71112

Operator ID: 45278  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAMI I KHALIL  
1808 CLAUDIUS ST  
METAIRIE, LA 70005

Operator ID: 20806  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH R KIBODEAUX  
1526 E LEICHTY RD  
LAKE CHARLES, LA 70663

**Operator ID: 5252**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

PETER G KIDDER  
1830 LIVE OAK RD  
ARNAUDVILLE, LA 70512

**Operator ID: 11057**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRUDY H KIGGANS  
4391 PINE RIDGE DRIVE  
BATON ROUGE, LA 70809

Operator ID: 10650  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES A KILGORE  
117 PINTAIL LANE  
WEST MONROE, LA 71292

Operator ID: 46132  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00
OP-IN-TRAINING - WP	10.00
OP-IN-TRAINING - WT	10.00
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PRESTON KILLCREASE  
29538 WILLOW GLENN ST  
DENHAM SPRINGS, LA 70726

Operator ID: 2448  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KAP JIN KIM  
4957 E VINTAGE LN  
LAKE CHARLES, LA 70605

Operator ID: 39230  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY P KIMBALL  
6194 WINDWOOD ESTATES DR  
SHREVEPORT, LA 71107

Operator ID: 36590  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN D KIMBALL  
8623 M G BLOUNT LANE  
DENHAM SPRINGS, LA 70726

Operator ID: 48754  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY L KIMBLE  
128 WOODSTOCK DR  
YOUNGSVILLE, LA 70592

Operator ID: 44912  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SIDNEY L KINCHEN  
P. O. BOX 1883  
ALBANY, LA 70711

Operator ID: 6537  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WAYLON C KING  
2602 SCOTT ST  
NEW IBERIA, LA 70563

Operator ID: 20966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD KING  
6281 MAXWELL ROAD  
BASTROP, LA 71220

Operator ID: 2461  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOE E KING  
213 PEACEFUL LN  
MONROE, LA 71203

Operator ID: 39370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRAVIS M KING  
406 PUEBLO LN  
SHREVEPORT, LA 71106

Operator ID: 8952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RAYMOND KINLER, JR  
2309 JUDY DR.  
MERAUX, LA 70075

Operator ID: 2466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARL J KINLER  
177 LAKEWOOD DRIVE  
LULING, LA 70070

Operator ID: 8028  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL D KINNEY  
2861 FM 727  
JEFFERSON, TX 75657

Operator ID: 39216  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

KENNETH J KIRCHOFF  
7277 HWY 157  
HAUGHTON, LA 71037

**Operator ID: 45692**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERRY KIRK  
141 E. PARK CIRCLE  
LAKE CHARLES, LA 70611

Operator ID: 10419  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NICK E KITZMILLER  
6620 MEADOW RIDGE LANE  
LAKE CHARLES, LA 70605

Operator ID: 31246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL A KIVLAN  
12613 HWY 23  
BELLE CHASE, LA 70037

Operator ID: 44082  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GERALD R KLEINPETER  
38600 DAVID DRIVE  
PRAIREVILLE, LA 70769

Operator ID: 8617  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD KLINE, JR  
609 ALLEN STREET  
TALLULAH, LA 71282

Operator ID: 10252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL K KLITZKE  
344 GRIFFIN DR  
STONEWALL, LA 71078

Operator ID: 11905  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHNNY D KNIGHT  
518 FIFTH ST  
MORGAN CITY, LA 70380

Operator ID: 2481  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GARRY W KNIGHT  
20111 JONES LANE  
PONCHATOULA, LA 70454

Operator ID: 2482  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JULIE KNIGHT  
6212 LA HWY 1  
BATCHELOR, LA 70715

Operator ID: 25768  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

KRISTOPHER M KNIGHT  
144 J K SIMMONS RD  
POLLOCK, LA 71467

**Operator ID: 25769**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD O KNIGHT  
179 STANLEY RD  
LEESVILLE, LA 71446

Operator ID: 40522  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

RICHARD L KNIGHTON, JR  
1901 NORMAND AVE  
BOSSIER CITY, LA 71112

**Operator ID: 5306**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LARRY J KOENENN  
POST OFFICE BOX 601  
KILN, MS 39556

Operator ID: 10775  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL A KOENIG  
P.O. BOX 569  
PRAIRIEVILLE, LA 70769

Operator ID: 10888  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD P KOETTING  
1409 BURMA RD  
THIBODAUX, LA 70301

Operator ID: 46900  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN J KOHNKE  
109 CANDLEGLOW DR  
NEW IBERIA, LA 70563

Operator ID: 36907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY J KOSS  
1140 BIG N RANCH RD  
ROBELINE, LA 71469

Operator ID: 6205  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

LOUIS F KOVAR  
217 RUE GRAND CHENE  
THIBODAUX, LA 70301

**Operator ID: 14207**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD G KOZAN, JR  
13938 KIMBLETON AVE  
BATON ROUGE, LA 70817

Operator ID: 2491  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RHONDA S KRATZER  
3500 HOUSTON RIVER RD  
WESTLAKE, LA 70669

Operator ID: 9639  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARTY L KRISCHKE  
6643 LONG LEAF TRACE  
BALL, LA 71405

Operator ID: 8618  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARY A KROPOG  
804 TRANSCONTINENTAL  
METAIRIE, LA 70001

Operator ID: 5623  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CURTIS D KRUMREY  
1292 HWY 3098  
GEORGETOWN, LA 71432

Operator ID: 37655  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BARRY M KUCHLER, JR  
611 HELIOUS AVE  
METAIRIE, LA 70005

Operator ID: 44080  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PENNI L KUHN  
206 VIRGIA ST  
JEANERETTE, LA 70544

Operator ID: 19132  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ERIC K KULCKE  
4121 POPLAR GROVE DR  
ADDIS, LA 70710

Operator ID: 19106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Engineering Services

INVOICE

BENJAMIN J LABICHE  
1004 SOUTH AVENUE E  
CROWLEY, LA 70526

Operator ID: 8619  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD J LABOULIERE  
3880 HWY 448  
GREENSBURG, LA 70441

Operator ID: 25308  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES D LABOVE  
6470 URSAN DR  
SULPHUR, LA 70665-7663

Operator ID: 11699  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOSHUA S LACOMBE  
5817 HABEEB DR  
ALEXANDRIA, LA 71303

Operator ID: 12747  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PAUL F LACOMBE  
2570 FOURNERAT ROAD  
EUNICE, LA 70535

Operator ID: 2502  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ALBERT J LACROIX  
1415 RICHLAND RD  
NEW ORLEANS, LA 70114

Operator ID: 39773  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Engineering Services

INVOICE

JOSEPH LADEK, JR  
5900 STRATFORD PLACE  
NEW ORLEANS, LA 70131

Operator ID: 2518  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH A LAFEVERS  
712 WEST 7TH ST  
KAPLAN, LA 70548

**Operator ID: 25966**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

FRANCIS P LAFITTE  
2981 HWY 177  
PELICAN, LA 71063

Operator ID: 6544  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ROLAND LAFLEUR, JR  
20683 PRIDE BAYWOOD RD  
GREENWELL SPRING, LA 70739

**Operator ID: 7526**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEFFERY J LAFOUNTAIN  
40074 LA HWY 3125  
PAULINA, LA 70763

Operator ID: 7792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ARMAND LAGARDE  
1512 WAKEFIELD DR  
MARRERO, LA 70072-4415

Operator ID: 7702  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HARRIS A LAGRANGE  
103 WEDGEWOOD  
SLIDELL, LA 70458

Operator ID: 11059  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAY M LAGRANGE  
111 JARROW DR  
EDGARD, LA 70049

Operator ID: 37448  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAMIAN C LAICHE  
POST OFFICE BOX 1188  
LUTCHER, LA 70071

Operator ID: 7132  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JEFFREY W LAIR  
2017 HWY 531  
MINDEN, LA 71055

Operator ID: 8621  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSHUA D LAJAUNIE  
100 WOODLAND DR  
THIBODAUX, LA 70301

Operator ID: 10478  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DUSTIN R LAJAUNIE  
100 WOODLAND DR  
THIBODAUX, LA 70301

Operator ID: 12229  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDY M LAMBERT  
9490 RAMBO ROAD  
ST AMANT, LA 70774

Operator ID: 2534  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LANCE L LAMBERT  
1654 E PINE MEADOWS DR  
LAKE CHARLES, LA 70611

Operator ID: 44296  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKY T LAMBERT  
2108 LANDRY CT  
MERAUX, LA 70075

Operator ID: 46257  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GEORGE T LAMKIN  
212 J I SANDIFER RD  
DRY PRONG, LA 71423

Operator ID: 36169  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EDWARD A LAMPO, JR  
145 FAMILY ST  
DES ALLEMANS, LA 70030

Operator ID: 32446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JEFFREY N LAMSON  
801 6TH ST  
GUEYDAN, LA 70542

**Operator ID: 27826**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH C LANCLOS, JR  
2513 JUDY DRIVE  
MERAUX, LA 70075

Operator ID: 2536  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEPHEN P LANDAICHE  
14086 AIRLINE HWY  
APT 2126  
GONZALES, LA 70737

Operator ID: 5761  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENT J LANDECHE  
817 BARBER RD  
PARADIS, LA 70080

Operator ID: 2538  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON M LANDERS  
104 PHILLIP ST  
MONROE, LA 71201

Operator ID: 42973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WARREN H LANDRUM  
412 AREA 4 ROAD  
WEST MONROE, LA 71292

Operator ID: 2543  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHIRLEY R LANDRUM  
412 AREA 4 ROAD  
WEST MONROE, LA 71292

Operator ID: 7427  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WARREN K LANDRUM  
412 AREA 4 ROAD  
WEST MONROE, LA 71292

Operator ID: 7428  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES LANDRY  
1203 E VILLIEN STREET  
ABBEVILLE, LA 70510

Operator ID: 11060  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID L LANDRY  
104 SUN VILLAGE DRIVE  
LAFAYETTE, LA 70501

Operator ID: 13070  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRAVIS D LANDRY  
2571 PATTERSON RD  
TORBERT, LA 70762

Operator ID: 13390  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

AARON P LANDRY  
2725 ROSEDALE RD  
PORT ALLEN, LA 70767

Operator ID: 2544  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

MARION J LANDRY  
PO BOX 368  
BALDWIN, LA 70514

Operator ID: 2550  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GABRIEL J LANDRY  
3804 SHANE STREET  
NEW IBERIA, LA 70560

Operator ID: 2551  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CURT G LANDRY  
7078 MIRE HWY  
CHURCH POINT, LA 70525

Operator ID: 2556  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

LARRY V LANDRY  
125 SOUTHWOOD DR.  
BOSSIER CITY, LA 71111

Operator ID: 2561  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADDIS J LANDRY, JR  
1022 RIDGEFIELD RD  
THIBODAUX, LA 70301

Operator ID: 2566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TONY J LANDRY  
1495 HWY 308 SOUTH  
DONALDSONVILLE, LA 70346

Operator ID: 32951  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

AARON M LANDRY  
205 UDSTAD LN  
PORT SULPHUR, LA 70083

**Operator ID: 38351**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEVIN M LANDRY  
206 HAWTHORN DRIVE  
LULING, LA 70070

Operator ID: 38593  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRYAN J LANDRY  
57875 HOMESTEAD DR  
PLAQUEMINE, LA 70764

Operator ID: 41363  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CRAIG I LANDRY  
2821 CYPRESS ST  
LAKE CHARLES, LA 70601

Operator ID: 45735  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

MIA C LANDRY  
6118 MAIR RD  
NEW IBERIA, LA 70560

Operator ID: 5122  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J LANDRY  
1742 ROSS ST  
OPELOUSAS, LA 70570

Operator ID: 6314  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

BURLEY J LANDRY  
1529 HIGHWAY 317  
FRANKLIN, LA 70538

Operator ID: 7163  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAUL A LANDRY  
304 LIVE OAK  
LAFAYETTE, LA 70503

Operator ID: 8030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GENERAL A LANE  
P O BOX 77  
GRAND CANE, LA 71032-0124

Operator ID: 6030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

MICHAEL A LANE  
110 NORTH OAK  
VIDALIA, LA 71373

**Operator ID: 8623**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSHUA B LANEAX  
1058 DRAGO ST  
WEST MONROE, LA 71291

Operator ID: 30791  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DALLAS J LANG  
75057 BONNIE LANE  
COVINGTON, LA 70435

Operator ID: 11701  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAKE A LANGE  
P O BOX 177  
CENTERVILLE, LA 70522

Operator ID: 39030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SID P LANGE  
17924 PELICAN ROAD  
ERATH, LA 70533

Operator ID: 9116  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLIFFORD LANGLEY  
1406 MARGARET  
RAYNE, LA 70578

Operator ID: 42710  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DANIEL C LANGLEY  
7635 DEWBERRY LN  
LAKE CHARLES, LA 70605

Operator ID: 45132  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES A LANGLINAIS  
PO BOX 914  
YOUNGSVILLE, LA 70592

Operator ID: 2803  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JASON L LANGLINAIS  
PO BOX 124  
SCOTT, LA 70583

Operator ID: 36457  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WHITNEY A LANGLOIS, JR  
17252 GREENWELL SPRING RD  
CENTRAL, LA 70739-4008

Operator ID: 2577  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD E LANGSTON  
PO BOX 160  
GREENSBURG, LA 70441

Operator ID: 2578  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JAMES D LANGSTON  
106 SANDERS ST  
PINEVILLE, LA 71360

Operator ID: 27307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PAUL A LANGTON  
155 RED HILL RD  
FLORIEN, LA 71429

Operator ID: 46752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SCOTT H LANIER  
73178 WEST GIVENS RD  
KENTWOOD, LA 70444

Operator ID: 36170  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RICKEY J LAPINE  
52371 ALESSI RD  
INDEPENDENCE, LA 70443

Operator ID: 2582  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH A LAPOINT  
P O BOX 4756  
LAKE CHARLES, LA 70606

Operator ID: 39031  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

RANDALL J LAPOINT  
689 WALKER ROAD  
REEVES, LA 70658

**Operator ID: 40402**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID S LAPRARIE  
1420 EFFIE HWY  
DEVILLE, LA 71328

Operator ID: 36479  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

VINCENT J LAPRIME  
2233 VENUS PL  
VIOLET, LA 70092

Operator ID: 10096  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LESTER L LAQUA, JR  
190 BRELAND RD  
JENA, LA 71342-5800

Operator ID: 36807  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

CANTRELLE D LARKINS  
4730 EAST ADAMS COURT  
NEW ORLEANS, LA 70128

**Operator ID: 6086**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NICHOLAS A LARKS  
5080 FLORIDA BLVD  
GONZALES, LA 70806

Operator ID: 20009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIMBERLY R LARocca  
2627 TUILERIE DR  
LAKE CHARLES, LA 70615

Operator ID: 39170  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RYAN T LAROUSSE  
23098 SOUTH ROSARY STREET  
VACHERIE, LA 70090

Operator ID: 11309  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LAGRETTA T LARS  
5849 DIANNE ST  
SHREVEPORT, LA 71119

Operator ID: 11335  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD D LARSON, JR  
9865 MEADOW LANE  
DENHAM SPRINGS, LA 70706

Operator ID: 19886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN W LARSON  
PO BOX 161  
CHURCHPOINT, LA 70525

Operator ID: 7164  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TODD F LASSEIGNE  
101 LARIS DRIVE  
RACELAND, LA 70394

Operator ID: 12749  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIRK A LASSEIGNE  
1016 PAULA DR  
ST MARTINVILLE, LA 70582

Operator ID: 2595  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH D LASSIEN  
4004 GOOS FERRY RD  
LAKE CHARLES, LA 70615

Operator ID: 31306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN R LASYONE  
92 ROBERT GOLEMAN RD  
ELMER, LA 71424

Operator ID: 2597  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEREMY J LATIOLAIS  
106 PRYTANIA DRIVE  
LAFAYETTE, LA 70503

Operator ID: 2599  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

STACEY S LAUGHLIN  
P O BOX 385  
ANACOCO, LA 71403

Operator ID: 16607  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY R LAVERGNE  
712 N JOHNSON ST  
SULPHUR, LA 70663

Operator ID: 28357  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CASEY E LAVERGNE  
207 CRESTLINE DR  
LAFAYETTE, LA 70507

Operator ID: 29486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSHUA J LAVERGNE  
1809 RYAN ST  
APT 8  
LAKE CHARLES, LA 70601

Operator ID: 44300  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

COURTNEY N LAVERGNE  
102 ARTHUR AVE  
LAKE ARTHUR, LA 70549

Operator ID: 46137  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MERVIN D LAVESPERE, SR  
4400 BAYOU TOUREAU RD  
ST LANDRY, LA 71367

Operator ID: 2610  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DANNY W LAVIGNE  
708 HWY 1085  
MADISONVILLE, LA 70447

Operator ID: 2611  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD LAVOIE  
322 MILLAUDON  
NEW ORLEANS, LA 70118

Operator ID: 8861  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SEBASTIAN L LAWHON  
P O BOX 732  
PLAQUAMINE, LA 70765

Operator ID: 14226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ADRIENNE S LAWRENCE  
PO BOX 73  
STERLINGOTN, LA 71280

Operator ID: 36308  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

L.C. LAWRENCE  
4235 SAVAGE FKS RD  
LEESVILLE, LA 71446

Operator ID: 42708  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LIONEL K LAWSON  
8010 LOWER ZACHARY RD  
ZACHARY, LA 70791

Operator ID: 2621  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**INVOICE**

PHILLIP J LAY  
3346 S HAZEL ST  
LOT 1  
ARCADIA, LA 71001

**Operator ID: 18826**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON J LAY  
39791 MARK COURT  
PONCHATOULA, LA 70454

Operator ID: 8324  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MATTHEW P LAYSSARD  
POST OFFICE BOX 46  
OTIS, LA 71466

Operator ID: 2624  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSHUA LAZARD  
P O BOX 218  
WASHINGTON, LA 70589

Operator ID: 45658  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL T LE  
2615 N CAUSEWAY BLVD  
B-31  
MANDEVILLE, LA 70471

Operator ID: 39774  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON K LEACH  
117 WHITE OAK  
BENTON, LA 71006

Operator ID: 26466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN LEACH  
POST OFFICE BOX 81875  
LAFAYETTE, LA 70598-1875

Operator ID: 2649  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WARREN S LEACHMAN  
744 JONESBORO RD  
ARCADIA, LA 71001

Operator ID: 31766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN S LEBLANC  
POST OFFICE BOX 92531  
LAFAYETTE, LA 70509

Operator ID: 10171  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN M LEBLANC  
2248 RIVERSIDE DRIVE  
PORT ALLEN, LA 70767

Operator ID: 10632  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MAURICE J LEBLANC, JR  
20073 RIVER CREST DR  
HAMMOND, LA 70403

Operator ID: 11123  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JASON M LEBLANC  
231 E 90TH ST  
CUT OFF, LA 70345

**Operator ID: 11369**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BERNARD A LEBLANC  
29523 RICHARDSON DR  
HOLDEN, LA 70744

Operator ID: 13687  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SETH M LEBLANC  
8490 M'S COVE  
SORRENTO, LA 70778

Operator ID: 25186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES LEBLANC  
191 OAKWOOD DR  
MANDEVILLE, LA 70448

Operator ID: 2664  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RODNEY J LEBLANC  
305 WINDSOT EAST DRIVE  
THIBODAUX, LA 70301

Operator ID: 30687  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KERRY J LEBLANC  
5861 ANDRE' LANE  
PORT ALLEN, LA 70767

Operator ID: 37816  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LYNDA M LEBLANC  
2712 E GEN WAINWRIGHT  
LAKE CHARLES, LA 70605

Operator ID: 4982  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN P LEBLANC  
20 IMOGENE STREET  
WAGGAMAN, LA 70094

Operator ID: 5288  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

FRANCIS S LEBLANC, JR  
1191 LEED CHAMPAGNE ROAD  
ST MARTINVILLE, LA 70582

Operator ID: 8096  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DIANA K LEBLANC  
5737 GENE LANE  
LAKE CHARLES, LA 70605

Operator ID: 9400  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAYNE A LEBLEU  
PO BOX 5337  
BOSSIER, LA 71171-5337

Operator ID: 46933  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

JAMES M LEBON  
605 W LOGANS  
SULPHUR, LA 70663

**Operator ID: 2637**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHRIS D LEBOUF  
17522 HWY 102  
JENNINGS, LA 70591

Operator ID: 6274  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEITH L LEBOUF  
1837 SOUTH BEND ROAD  
LAKE CHARLES, LA 70605

Operator ID: 9599  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL J LECOMPTE  
102 TALBOT DR  
HOUMA, LA 70360

**Operator ID: 5550**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID W LEDET  
59467 SPRING DR  
SLIDELL, LA 70461

Operator ID: 43813  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER J LEDET  
402 RAINTREE TRAIL  
LAFAYETTE, LA 70501

Operator ID: 6129  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD J LEDET, SR  
137 CRAFTSMAN RD  
CARENCRO, LA 70520

Operator ID: 8039  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON D LEDOUX  
POST OFFICE BOX 548  
IOTA, LA 70543

Operator ID: 10820  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JILL M LEDOUX  
210 JESUIT CAMP RD  
KINDER, LA 70648

Operator ID: 39211  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TIMOTHY R LEE  
4240 LITTLE HOPE DR  
ADDIS, LA 70710

Operator ID: 10439  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ANDREW W LEE  
28391 HIGHWAY 603  
PERKINSTON, MS 70459

Operator ID: 2683  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSE M LEE  
175 JESSE LEE RD  
SHONGALOO, LA 71072

Operator ID: 2685  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONZEE E LEE  
PO BOX 580  
MINDEN, LA 71055

Operator ID: 2686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

PATRICK E LEE  
33083 PETEPS ST  
ABITA SPRINGS, LA 70420

**Operator ID: 2698**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS P LEE  
POST OFFICE BOX 156  
AMITE, LA 70422

Operator ID: 5317  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD L LEE  
140 COVERED L. ROAD  
BERNICE, LA 71222

Operator ID: 6183  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROLAND LEE, JR  
P O BOX 661  
RACELAND, LA 70394

Operator ID: 6907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ERIN J LEGER  
1629 EUNICE ST  
SULPHUR, LA 70663

Operator ID: 16166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HERMAN R LEGER  
2250 ALLENE ST  
BRUSLY, LA 70719

Operator ID: 2704  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL W LEGER  
PO BOX 352  
LEONVILLE, LA 70551

**Operator ID: 6547**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WAYNE J LEGER  
2567 ABBEVILLE HWY  
RAYNE, LA 70578

Operator ID: 8627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MATTHEW W LEGGETT  
PO BOX 1372  
JACKSON, LA 70748

Operator ID: 7788  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KURT L LEGLUE  
PO BOX 3428  
PARADIS, LA 70080

Operator ID: 2709  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

VAN A LEJEUNE  
3815 CHRIS DR  
ADDIS, LA 70710

Operator ID: 19906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEITH R LEJEUNE  
400 S DAVID ST  
CHURCH POINT, LA 70525

Operator ID: 2712  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MARK E LEJUNE, JR  
1378 GOLDEN ROAD  
SULPHUR, LA 70665

**Operator ID: 33826**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PAUL W LEMAIRE  
PO BOX 226  
PORT SULPHUR, LA 70083

Operator ID: 2715  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DEREK L LEMAIRE  
1009 DOUET RD  
BREAUX BRIDGE, LA 70517

Operator ID: 45352  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

J R LEMOINE  
1016 LEMOINE LANE  
MOREAUVILLE, LA 73155

Operator ID: 10841  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NORRIS A LEMOINE, JR  
1154 HWY 451  
MOREAUVILLE, LA 71355

Operator ID: 10847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PENN A LEMOINE  
PO BOX 373  
MOREAUVILLE, LA 71355

Operator ID: 2721  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMMY A LEMOINE  
804 COUVILLION STREET  
MOREAUVILLE, LA 71355

Operator ID: 2726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

KEITH J LEMOINE  
832 MINDEN AVE  
KENNER, LA 70062

**Operator ID: 39797**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH A LEMOINE  
2160 HWY 1181  
PLAUCHEVILLE, LA 71362

Operator ID: 46692  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KENNETH A LEMOINE  
2705 HWY 1181  
PLAUCHEVILLE, LA 71362

Operator ID: 7179  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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INVOICE

DANIEL P LEMOINE  
8500 BLUEBONNET BLVD  
#16  
BATON ROUGE, LA 70810

Operator ID: 7787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LA TONYA M LEMOINE  
P O BOX 424  
BENTLEY, LA 71407

Operator ID: 9006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS R LENARD  
P O BOX 414  
CHATHAM, LA 71226

Operator ID: 6005  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WARREN M LENNIX  
1948 YORKTOWN DR  
LAPLACE, LA 70068

Operator ID: 21546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RAYNELLE LENNIX  
1509 ENGLISH COLONY DR.  
LAPLACE, LA 70068

**Operator ID: 2730**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ANDRE' L LENNIX  
358 EAST 24TH ST  
RESERVE, LA 70084

Operator ID: 47474  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BURT A LEONARD, JR  
2161 HWY 71 SOUTH  
BUNKIE, LA 71322

Operator ID: 10279  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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INVOICE

TYLER D LEONARD  
1515 MUSKOGEAN DR  
LAKE CHARLES, LA 70611

Operator ID: 45472  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

COREY M LEONARD  
2704 SHED RD  
APT 207 A  
BOSSIER CITY, LA 71111

Operator ID: 45933  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD A LEONARD  
291 NORTH BEARHEAD  
SINGER, LA 70660

Operator ID: 6923  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LLOYD LEPRETRE  
6135 GRAND MARAIS RD  
JENNINGS, LA 70546

Operator ID: 2739  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL J LERAY  
P O BOX 630  
HOUMA, LA 70364

Operator ID: 31946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

CHARLES M LEROUX  
331 FERN STREET  
NEW ORLEANS, LA 70118

Operator ID: 32952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

WILLIAM E LESLIE, JR  
4219 STONEWALL DRIVE  
ADDIS, LA 70710-3055

**Operator ID: 37817**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEREMY L LEVINGSTON  
828 BEST RD  
SIMSBORO, LA 71275

Operator ID: 42706  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

TINA W LEVRON  
1567 BAYOU BLUE RD  
HOUMA, LA 70364

**Operator ID: 43054**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EDWARD LEVY  
8852 DINKINS ST  
NEW ORLEANS, LA 70127

Operator ID: 43615  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAWRENCE C LEWALLEN  
128 LAPLACE TRAILER PARK  
LAPLACE, LA 70068

Operator ID: 47677  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00
WATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GREGORY P LEWIS  
4308 FOURCHON DRIVE  
BAKER, LA 70714

Operator ID: 11419  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

SEAN P LEWIS  
260 WHITLEY RD  
DES ALLEMANS, LA 70030

Operator ID: 23426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALBERT J LEWIS  
8507 HWY 14  
NEW IBERIA, LA 70560

Operator ID: 2747  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANNETTE M LEWIS  
1614 NORTH PINE STREET  
VIVIAN, LA 71082

Operator ID: 33846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAMUEL D LEWIS  
2225 TOURO ST  
NEW ORLEANS, LA 70119

Operator ID: 41383  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ZAVIER Y LEWIS  
2710 WARREN AVE  
LAKE CHARLES, LA 70601

Operator ID: 42715  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**Rebekah E. Gee MD, MPH**  
SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

ANTHONY C LEWIS  
6727 EAST HERMES STREET  
NEW ORLEANS, LA 70126

**Operator ID: 44083**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEPHEN G LEWIS  
1231 MANOR PL  
SHREVEPORT, LA 71118

Operator ID: 44532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SHARON L LEWIS  
6271 MARK LEBLEU RD  
LAKE CHARLES, LA 70615

Operator ID: 45972  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CEDRIC P LEWIS  
P O BOX 1506  
SULPHUR, LA 70664

Operator ID: 46776  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SIDNEY W LEWIS  
1635 ARTS ST  
NEW ORLEANS, LA 70117

Operator ID: 47433  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KELVIN O LEWIS  
10911 CLEARVIEW AVE  
BATON ROUGE, LA 70811

Operator ID: 47716  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CORNELL L LEWIS  
1002 NICHOLS DR  
VIDALIA, LA 71373

Operator ID: 6549  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOE D LEWIS  
3277 HWY 569  
FERRIDAY, LA 71334

Operator ID: 9559  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JASON J LICCIARDI  
51105 HWY 443  
LORANGER, LA 70446

Operator ID: 5775  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GILBERTO G LIMON  
PO BOX 371  
ZWOLLE, LA 71486

Operator ID: 44299  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLYDE E LINAM  
3289 CHATEAU BLVD  
KENNER, LA 70065

Operator ID: 2761  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD LINDER  
5230 BENJAMIN STREET  
ALEXANDRIA, LA 71303

Operator ID: 2765  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LONNIE L LINDSEY  
8877 SPRING RIDGE DRIVE  
KEITHVILLE, LA 71047

Operator ID: 10672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN F LINDSLY  
8564 ISLAND RD  
VENTRESS, LA 70783

Operator ID: 10286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FRANK LINDSLY, SR  
2678 TUTS LANE  
VENTRESS, LA 70783

Operator ID: 9949  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH J LISSARD  
5001 LOREAUVILLE ROAD  
NEW IBERIA, LA 70563

Operator ID: 11430  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS W LITTLE  
1705 PALERMO DRIVE  
SULPHUR, LA 70663

Operator ID: 12752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TERRY LITTLE, JR  
12704 CROSSETT RD  
BASTROP, LA 71220

Operator ID: 37492  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
OP-IN-TRAINING - WD	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RHONDA K LITTLE  
15595 SULPHUR SPRINGS RD  
BASTROP, LA 71220

Operator ID: 6222  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN W LITTLE  
208 CENTERVILLE NE  
DENHAM SPRINGS, LA 70726

Operator ID: 6232  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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INVOICE

CECIL S LITTLEJOHN  
PO BOX 563  
VIVIAN, LA 71082

Operator ID: 7594  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRISTOPHER A LLOYD  
56726 BOSWORTH ST  
SLIDELL, LA 70458

Operator ID: 43274  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD W LLOYD  
44327 BONNER CREEK RD  
FRANKLINTON, LA 70438

Operator ID: 7369  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

THOMAS P LOBELL  
9812 HAWTHORNE AVE  
RIVER RIDGE, LA 70123

Operator ID: 2789  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LOUIS LOCANTRO  
701 LAKE AVE  
METAIRIE, LA 70005

Operator ID: 2792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

THERON A LOCKETT  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 37015  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID P LOCKETT  
320 SOUTH OLYMPIA STREET  
NEW ORLEANS, LA 70119

Operator ID: 6066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

MICHAEL P LOCKWOOD  
500 MARILYN DRIVE  
MANDEVILLE, LA 70448

**Operator ID: 2793**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAMIEN M LOCOCO  
119 MONTPELIER DR  
BOUTTE, LA 70039

Operator ID: 8044  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

MARK D LOGAN  
952 FERNDALE  
HAUGHTON, LA 71037

**Operator ID: 45821**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

OLIN J LOGUE, JR  
1017 PECAN  
MAMOU, LA 70554

Operator ID: 22086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHRISTIAN M LOISELLE  
243 NORTH GROVE DRIVE  
VIDALIA, LA 71373

Operator ID: 39333  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEVE LOMBARDO  
2220 ARAMIS DR  
MERAUX, LA 70075

Operator ID: 2800  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEREMY C LONDON  
PO BOX 313  
WAKEFIELD, LA 70784

Operator ID: 13212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARREN J LONDON  
1798 77TH AVE  
BATON ROUGE, LA 70807

Operator ID: 31686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HAL B LONG  
10810 MILLEDALE RD  
ZACHARY, LA 70791

Operator ID: 6165  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RAFAEL LOPEZ  
PO BOX 486  
BERWICK, LA 70342

Operator ID: 11310  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH C LOPEZ, SR  
2212 TORRES DR  
ST BERNARD, LA 70085

Operator ID: 6746  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIE A LOPEZ  
POST OFFICE BOX 1774  
PATTERSON, LA 70392

Operator ID: 7370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LANE E LORD  
119 NAPOLEON AVE  
NAPOLEONVILLE, LA 70390

Operator ID: 38856  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES K LOTT  
3577 FRANKLIN RD  
HEFLIN, LA 71039

Operator ID: 45281  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRIS A LOUGON  
401 S 2ND STREET  
GUEYDAN, LA 70542-4417

Operator ID: 10578  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SCOTT M LOUPE  
16069 MICHELLI ROAD  
INDEPENDENCE, LA 70443

Operator ID: 5712  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DERRELL J LOUVIERE  
1715 DAVID DRIVE  
LOT #2  
JEANERETTE, LA 70544

Operator ID: 8737  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DWAYNE A LOVE  
331 ANDREWS  
PINEVILLE, LA 71360

Operator ID: 2819  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HENRY LOVE  
16 COUNTRY CLUB DR  
LAPLACE DR, LA 70068

Operator ID: 2821  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM W LOVETT, JR  
272 HORNE LANE  
WEST MONROE, LA 71292

Operator ID: 37779  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RHONDA S LOVEWELL  
1610 ORIOLE ST  
BOSSIER CITY, LA 71112

Operator ID: 5969  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PERRY LOWE  
1871 CENTRAL LOOP  
ROBELINE, LA 71469

Operator ID: 6656  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ABE LOWE, III  
43109 DOCK SIDE COURT  
PRAIRIEVILLE, LA 70769

Operator ID: 8115  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROY G LOWERY  
476 DUCHESNE LN  
COLUMBIA, LA 71418

Operator ID: 20014  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL K LUTY  
90 IDA WELLS RD  
DEVILLE, LA 71328-8540

Operator ID: 44972  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRY D LYLES  
2524 SCARLETT DRIVE  
LAKE CHARLES, LA 70611

Operator ID: 16527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

JONATHAN D LYLES  
26348 AVOYELLES AVE  
DENHAM SPRINGS, LA 70726

Operator ID: 48773  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CURT D LYONS  
12480 SCENIC HWY  
BATON ROUGE, LA 70807

Operator ID: 38951  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIRINSKI J LYONS  
305 NORMAN DR  
LAFAYETTE, LA 70501

Operator ID: 6658  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT W MACHEN  
617 BOOTH CUTOFF ROAD  
DOYLINE, LA 71023

Operator ID: 11354  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

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Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DANIELLE E MACIP  
984 HWY 360  
PALMETTO, LA 71358

Operator ID: 44033  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Engineering Services

INVOICE

RAY A MACK  
1737 FULTON STREET  
SHREVEPORT, LA 71103

Operator ID: 8190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DEWAYNE A MADDEN  
11791 HWY 165 N  
STERLINGTON, LA 71280

Operator ID: 36791  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DELMOND K MADISE  
P O BOX 1218  
MORGAN CITY, LA 70381

Operator ID: 25686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARCUS MADISON  
1709 CRESCENT DR  
MONROE, LA 71202

Operator ID: 38871  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD MADRIGAL  
P O BOX 63  
TURKEY CREEK, LA 70585

Operator ID: 36181  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

SALVADOR MAFFEI, JR  
4204 GIRARD ST  
METAIRIE, LA 70001

Operator ID: 23446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SANTALLIS MAGEE  
26 SANDPIPER DRIVE  
LAPLACE, LA 70068

Operator ID: 44073  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIMBERLY MAGERS  
8120 LAVENDER DR  
BATON ROUGE, LA 70818

Operator ID: 41443  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HEATH R MAGGARD  
15449 PARISH LINE RD  
KINDER, LA 70648

Operator ID: 39172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GRANT R MAGNON  
PO BOX 13572  
ALEXANDRIA, LA 71302

Operator ID: 2892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KATHERINE D MAGOUN  
1430 TULANE AVENUE  
TW-16  
NEW ORLEANS, LA 70112

**Operator ID: 44994**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BENJAMIN D MAHARREY  
8887 LEMON ROAD  
SLAUGHTER, LA 70777

**Operator ID: 43094**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SEAN E MAHFOUZ  
1025 ADELLE ST  
MORGAN CITY, LA 70380

Operator ID: 48252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID P MAHNER, JR  
42 WEST IMPERIAL DRIVE  
HARAHAN, LA 70123

Operator ID: 11865  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ROBERT W MAHONEY  
100 RIDGEWAY DRIVE  
WEST MONROE, LA 71291-4932

Operator ID: 7430  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK L MAIDEN  
6000 W 70TH ST  
APT 506  
SHREVEPORT, LA 71129

Operator ID: 17186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ARTHUR J MAILLET  
70052 7TH  
COVINGTON, LA 70433

Operator ID: 10836  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID MAINS  
331 CEDAR LANE  
MANY, LA 71449

Operator ID: 11709  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WALTER L MAINS  
4415 MARTHAVILLE ROAD  
MANY, LA 71449

Operator ID: 12767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

RANDY G MAJORIA  
8704 ROSECREST LANE  
RIVER RIDGE, LA 70123

Operator ID: 6721  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

RYAN J MALBROUGH  
2201 S NOBILE ST  
PAULINA, LA 70763

Operator ID: 46035  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EARVIN P MALLERY, JR  
1737 WATLING DR  
MARRERO, LA 70072

Operator ID: 36226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES E MALLET, JR  
2239 2ND STREET  
NEW ORLEANS, LA 70113

Operator ID: 11404  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALVIN J MALLET  
233 RILEY ROAD  
ARNAUDVILLE, LA 70512

Operator ID: 7028  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN E MALLET  
215 SIMON COVE LANE  
JENNINGS, LA 70546

Operator ID: 2904  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EVERETT L MALONE  
BOX 438  
IOTA, LA 70543

Operator ID: 5226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RAY C MALONE  
P O BOX 447  
CHENEYVILLE, LA 71325

Operator ID: 9139  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

AARON P MALVEAUX  
105 MAPLE DR  
LAFAYETTE, LA 70506

Operator ID: 46353  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GREGORY MANCUSO  
22181 GREENWELL SPRINGS R  
GREENWELL SPRINGS, LA 70739

Operator ID: 8855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES T MANDOSIA  
4217 ILLINOIS AVE  
SHREVEPORT, LA 71109

Operator ID: 2914  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BLAISE A MANGANO  
PO BOX 991  
PEARL RIVER, LA 70452

Operator ID: 2917  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

FRANK B MANGANO  
2380 SUNSET  
SLIDELL, LA 70461

Operator ID: 29466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL J MANNINA  
405 CADDOR  
VINTON, LA 70668

Operator ID: 45656  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEMETRIUS MANNING  
705 MONTGOMERY AVE  
APT 7  
WEST MONORE, LA 71292

Operator ID: 24248  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

EDWIN J MANOTAS  
18671 SCIVIOUE LANE  
DENHAM SPGS, LA 70726

**Operator ID: 2924**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILFRED J MANUEL  
2107 SUGARMILL RD  
NEW IBERIA, LA 70563

Operator ID: 2928  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID M MANUEL  
37390 OAK HILLS DR  
DENHAM SPRINGS, LA 70706

Operator ID: 36511  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

VICKI S MANUEL  
601 RUE DES ETOILES  
CARENCRO, LA 70520

Operator ID: 8630  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KARL P MANUEL  
1030 BARBARA STREET  
SULPHUR, LA 70663

Operator ID: 9602  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

QIANA T MAPLE  
3500 MILAM ST  
APT# W204  
SHREVEPORT, LA 71109

Operator ID: 11334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CARLTON R MAPLES  
POST OFFICE BOX 204  
PLEASANT HILL, LA 71065

Operator ID: 8631  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MUBASHIR MAQBOOL  
5752 BELLAIRE DR  
NEW ORLEANS, LA 70124

**Operator ID: 39791**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BUFORD R MARBURY  
16236 FRENCHTOWN ROAD  
GREENWELL SPRINGS, LA 70739

Operator ID: 7785  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRUCE C MARCEAUX  
583 AUGUSTINE DR  
LAKE CHARLES, LA 70611

Operator ID: 39491  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GILBERT MARCELIN  
926 BOHNE RD  
PORT ALLEN, LA 70767

Operator ID: 25311  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL R MARCHAL  
104 PARK AVE  
NEW ROADS, LA 70760

Operator ID: 2935  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN D MARCHAND  
5445 POINT CLAIR RD  
CARVILLE, LA 70721

Operator ID: 37387  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RUSK W MARCOTTE  
501 OAK POINT RD  
LAPLACE, LA 70068

Operator ID: 10835  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL V MARCOTTE  
1152 COCOVILLE ROAD  
MANSURA, LA 71350

Operator ID: 11067  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

STEVEN J MARCOTTE  
160 NATION LANE  
CENTERPOINT, LA 71323

**Operator ID: 11069**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PHILIP R MARCOTTE  
159 LAUREL STREET  
MARKSVILLE, LA 71351

Operator ID: 5381  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BARRY D MARENO  
1713 BARRYMORE ST  
SLIDELL, LA 70461

**Operator ID: 43552**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY E MARICLE  
6708 MEL ST  
LAKE CHARLES, LA 70607

Operator ID: 38090  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KYLE S MARKER  
7657 KURTHWOOD ROAD  
LEESVILLE, LA 71446

Operator ID: 18866  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH A MARKEY  
9136 CARTER CIR  
DENHAM SPRINGS, LA 70726

Operator ID: 25129  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

CHRISTOPHER L MARKINS  
58610 ST CLEMENT AVE  
PLAQUEMINE, LA 70764

**Operator ID: 43816**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ERNEST W MARSH  
129 PAUL ST  
CONVERSE, LA 71419

Operator ID: 43692  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

STEVE J MARSHALL  
P O BOX 933  
VINTON, LA 70668

Operator ID: 2946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLAD M MARSHALL  
9015 WORTHINGTON LAKE AVE  
BATON ROUGE, LA 70810

Operator ID: 42671  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MERRILL D MARSHALL  
1111 LULING ESTATE DRIVE  
LULING, LA 70070

Operator ID: 6908  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEROME A MARSHALL  
1238 ALABO ST  
NEW ORLEANS, LA 70117

Operator ID: 7483  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNY L MARTIN  
30479 DENDINGER RD  
LACOMBE, LA 70445

Operator ID: 18886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KAZZ W MARTIN  
17 KICKAPOO ROAD  
PICAYUNE, MS 39466

Operator ID: 25146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH J MARTIN  
P O BOX 418  
MELVILLE, LA 71353

Operator ID: 25709  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT L MARTIN  
306 HILLSIDE DRIVE  
VIVIAN, LA 71082-3008

Operator ID: 26467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES G MARTIN  
15529 EL RANCHITOS AVENUE  
PRIDE, LA 70818

Operator ID: 2952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN J MARTIN  
6358 DOUBLE TREE CT  
BATON ROUGE, LA 70817-8915

Operator ID: 2953  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HENRY L MARTIN  
605 W. 68TH  
SHREVEPORT, LA 71106-2925

Operator ID: 2958  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONNIE T MARTIN  
P O BOX 8293  
NEW ORLEANS, LA 70182

Operator ID: 37454  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN R MARTIN  
37510 BUTZ RD  
WHITE CASTLE, LA 70788

Operator ID: 41284  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS S MARTIN  
707 MAGNOLIA PARK DR  
DRYPRONG, LA 71423

Operator ID: 45272  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

DAVONTE T MARTIN  
PO BOX 35  
PAINCOURTVILLE, LA 70346

**Operator ID: 48372**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY M MARTIN  
9021 ROSECREST LANE  
RIVER RIDGE, LA 70123

Operator ID: 5739  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRAD J MARTIN  
8022 ED LEJEUNE STREET  
ADDIS, LA 70710

Operator ID: 6659  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BOBBY R MARTIN  
9568 FOSTER ROAD  
BATON ROUGE, LA 70811

Operator ID: 8050  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JUSTIN D MARTINEZ  
974 LD KNOX RD  
GILBERT, LA 71336

Operator ID: 36182  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN E MARTINEZ  
9039 ST LANDRY RD  
BUILDING G  
GONZALES, LA 70737

Operator ID: 42727  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SYBIL C MARTIN-KELLEY  
8925 HWY 167 S  
RUSTON, LA 71270

Operator ID: 16526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEWEL C MASON, JR  
9295 WATSON DRIVE  
DENHAM SPRINGS, LA 70726

Operator ID: 29326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

FLOYD E MASON, JR  
P.O. BOX 133  
KROTZ SPRINGS, LA 70750

Operator ID: 2973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JIMMY R MASON  
6325 ALAMEDA DR  
SHREVEPORT, LA 71119

Operator ID: 38210  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL O MASON  
5688 SILVER LEAF AVE  
BATON ROUGE, LA 70812

Operator ID: 42344  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JIM G MASON  
1552 BLUNT MILL ROAD  
GRAND CANE, LA 71032

Operator ID: 7877  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
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Engineering Services

INVOICE

MICHAEL O MASSEY  
205 BISCAYNE DR  
WEST MONROE, LA 71291

Operator ID: 17586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOANNE L MASSONY  
608 PARK RIDGE DR  
RIVER RIDGE, LA 70123

Operator ID: 1683  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VINCENT R MATHERNE  
1013 DITCH AVE  
MORGAN CITY, LA 70380

Operator ID: 2984  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DIRK M MATHERNE  
144 DIXIE DRIVE  
DES ALLEMANS, LA 70030

**Operator ID: 9379**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD K MATTE  
5983 BLACKBERRY LN  
BUFORD, GA 30518

Operator ID: 2990  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KYLE S MATTHEWS  
39490 MORSE CEMETERY RD  
PONCHATOULA, LA 70454

Operator ID: 19137  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOANNIE MATTHEWS  
575 MANUEL RD  
NOBLE, LA 71462

Operator ID: 33426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY D MATTHEWS  
4765 BAYOUSIDE DR  
CHAUVIN, LA 70344

Operator ID: 7903  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSHUA D MAXEY  
614 SAM HEAD RD  
EROS, LA 71238

Operator ID: 20826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ALBERTO MAXWELL  
2105 14TH ST  
LAKE CHARLES, LA 70601

**Operator ID: 46836**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

HUEY S MAY  
47406 WHISKEY LN EXT.  
TICKFAW, LA 70466

Operator ID: 41465  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

ROGER D MAY  
2230 HWY 1 NORTH  
PORT ALLEN, LA 70767

Operator ID: 43735  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT A MAYER  
6553 HIGHWAY 1  
BELLE ROSE, LA 70341

Operator ID: 38617  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KELLIE MAYER  
109 EAGLE LANDING  
COVINGTON, LA 70435

Operator ID: 40426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEITH A MAYEUX  
845 N BAYOU DES GLAISES  
MOREAUVILLE, LA 71355

Operator ID: 3007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARTIN G MAYO  
1323 LION S CAMP RD  
ANACOCO, LA 71403

Operator ID: 3013  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CONSTANCE J MAYO  
3500 HOUSTON RIVER RD  
WESTLAKE, LA 70669

Operator ID: 9759  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICKY J MAYON  
920 SYCAMORE ST  
MORGAN CITY, LA 70380

Operator ID: 3014  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONALD J MAYON  
3023 LINWOOD LOOP  
OPELOUSAS, LA 70570

Operator ID: 43272  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES MAYS  
170 PAYNE RD  
BERNICE, LA 71222

Operator ID: 36106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DOUGLAS J MC CLUNG, JR  
P O BOX 494  
624 N MILLET AVE  
GRAMERCY, LA 70052

Operator ID: 46253  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MATHEW M MCACY  
7820 JAY ST  
METAIRIE, LA 70003

Operator ID: 7449  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRAD M MCADAMS  
2700 WINIFRED ST  
METAIRIE, LA 70003-1953

Operator ID: 6722  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT C MCCAIN  
6941 HWY 1  
SHREVEPORT, LA 71107

Operator ID: 8964  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DEELAWRENCE MCCALL  
828 FERGUSON ROAD  
DELHI, LA 71232

Operator ID: 8327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JARROD B MCCARTNEY  
PO BOX 1301  
COUSHATTA, LA 71019

Operator ID: 8046  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CODY D MCCARTY  
297 CORKERN RD  
DERIDDER, LA 70634

Operator ID: 40467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

W C MCCARTY  
2873 HWY 1228  
WINNFIELD, LA 71483

Operator ID: 5993  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TAYLOR J MCCAUGHEY  
5383 WINNERS CIRCLE LN  
VINTON, LA 70668

Operator ID: 46845  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN G MCCAULEY  
4930 MCHUGH DRIVE  
ZACHARY, LA 70791

Operator ID: 3058  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

JONATHON J MCCAULEY  
4930 MCHUGH DR  
ZACHARY, LA 70791

Operator ID: 37074  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEFFREY S MCCAULEY  
18034 MANNING DR  
PRAIRIEVILLE, LA 70769

Operator ID: 48674  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES W MCCLAY, JR  
18235 MARTHA DR  
ZACHARY, LA 70791

Operator ID: 32607  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID M MCCLUNG  
705 TEXACO STREET  
NEW IBERIA, LA 70563

Operator ID: 8635  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANTONIO J MCCOY  
1053 MAVIS DR  
BATON ROUGE, LA 70810

Operator ID: 41442  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRIAN J MCCOY  
8340 HUDSON RD  
MAURICE, LA 70553

Operator ID: 48113  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DANA J MCCOY  
4275 HWY 155  
COUSHATTA, LA 71019

Operator ID: 5748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GARLAND Z MCCRACKEN  
1245 HWY 1240  
MONTGOMERY, LA 71454

Operator ID: 11267  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANITA R MCCRACKEN  
PO BOX 901  
MONTGOMERY, LA 71454

Operator ID: 3030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD M MCCURRY  
1348 LANSE DE TATE ROAD  
VILLE PLATTE, LA 70586

Operator ID: 8637  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN C MCDADE  
1430 FRANKLIN RD  
DERIDDER, LA 70634

Operator ID: 40662  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BARRY K MCDANIEL  
P O BOX 505  
TULLOS, LA 71479

Operator ID: 24166  
Date: 1/27/2016

This is your 2016 /2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICKEY D MCDANIEL  
P O BOX 1709  
DERRIDER, LA 70634

Operator ID: 40389  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LIONEL MCDANIEL  
POB 412  
LECOMPTE, LA 71346

Operator ID: 48693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CARL J MCDANIEL  
1614 ANGELA LN  
LAKE CHARLES, LA 70611-4513

Operator ID: 8341  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD M MCDEARMONT  
112 HOLLY LN  
HAUGHTON, LA 71037

Operator ID: 37977  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES P MCDONALD  
122 RIVER RD  
STERLINGTON, LA 71280

Operator ID: 14227  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS G MCDONALD  
2575 TULIP STREET  
BOSSIER, LA 71112

Operator ID: 29606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES D MCDONALD  
143 LAKEWAY RD  
COUSHATTA, LA 71019

Operator ID: 43820  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

BRIAN E MCDONALD  
1854 PUMP STATION ROAD  
MANY, LA 71449

Operator ID: 6156  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER T MCELVEEN  
2116 WILLIAMS ST  
FRANKLINTON, LA 70438

Operator ID: 43672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JONATHON R MCFATTER  
473 JODIE WILLIAMS RD  
DERIDDER, LA 70634

Operator ID: 45312  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENT D MCGEE  
161 A.J. LANE  
POLLOCK, LA 71467

Operator ID: 11940  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH D MCGEE  
340 MOSS POINT DRIVE  
BOYCE, LA 71409

**Operator ID: 11960**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DENNIS R MCGEHEE  
10735 SHOE CREEK DR  
BATON ROUGE, LA 70818

**Operator ID: 3079**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JORDAN P MCGREGOR  
401 KAREN CIR  
COATESVILLE, PA 19320

Operator ID: 36183  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL B MCGUFFEE  
813 REX ROAD  
HARRISONBURG, LA 71340

Operator ID: 6259  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH S MCGUIRE  
55 STAIRWAY OAKS  
NEW ORLEANS, LA 70131

Operator ID: 11405  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KELLY P MCHUGH  
680 BEAU CHENE DR  
MANDEVILLE, LA 70471

Operator ID: 8343  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENNIS J MCINERNEY  
2704 CORINNE DRIVE  
CHALMETTE, LA 70043-3849

Operator ID: 3085  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DALE E MCINTYRE  
P.O. BOX 975  
INDEPENDENCE, LA 70443

**Operator ID: 28006**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

WILLIAM MCKEEL  
P. O. BOX 972  
FERRIDAY, LA 71334

Operator ID: 5815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GILBERT J MCKENZIE  
28 MARY ST.  
MADISONVILLE, LA 70447

Operator ID: 5833  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ERIC D MCLEAN  
PO BOX 1554  
LULING, LA 70070

Operator ID: 29506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES M MCLEMORE  
105 CAMP T.L. JAMES RD  
DOWNSVILLE, LA 71234

Operator ID: 10271  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH R MCLEMORE  
445 LASCO LANGSTON RD  
MARION, LA 71260

Operator ID: 41742  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

PAUL D MCLEMORE, II  
104 OAK DOWNS  
PEARL RIVER, LA 70452

Operator ID: 7204  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENDALL N MCLEOD  
PO BOX 481  
HOLDEN, LA 70744

**Operator ID: 11961**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMES H MCLEOD  
24642 ABERNATHY RD  
SPRINGFIELD, LA 70462

Operator ID: 26228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TIMOTHY E MCLEOD  
POST OFFICE BOX 455  
HOLDEN, LA 70744

Operator ID: 7134  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

REGINALD P MCMASTERS  
25505 HARVEY ROAD  
FRANKLINTON, LA 70438

Operator ID: 12449  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RICKY L MCMULLEN, JR  
34 MARTHA DR  
MONROE, LA 71203

**Operator ID: 14228**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PENNY MCNEAL  
112 LAFOURCHE RD  
BREAUX BRIDGE, LA 70517

Operator ID: 20886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEFFREY S MCNEW  
POST OFFICE BOX 7237  
MONROE, LA 71211

Operator ID: 6585  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENNY L MCQUEEN  
1108 HIGHLAND DRIVE  
PICAYUNE, MS 39466

Operator ID: 6350  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEREMY D MCRAE  
143 MASSEY ROAD  
LEESVILLE, LA 71446

Operator ID: 11585  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES B MCREYNOLDS  
PO BOX 1008  
ZACHARY, LA 70791

Operator ID: 8460  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HOWARD N MCVAY  
3842 CHRISTY DR  
SHREVEPORT, LA 71129

Operator ID: 41903  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BILLY E MCVAY  
727 UNION CHURCH ROAD  
WINNSBORO, LA 71295

Operator ID: 6518  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER PRODUCTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JEFFREY M MEADOWS  
20385 EGRET RD  
PONCHATOULA, LA 70454

Operator ID: 47312  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DENNIS J MEANS  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 12231  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

TARQUIN D MEARIDY  
204 WEST JESSIE JONES ST  
COVINGTON, LA 70433

Operator ID: 11269  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRIAN E MEATON  
6501 FLORIDA AVE  
NEW ORLEANS LA, FL 70117

Operator ID: 43972  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JEROME MEAUX  
13538 AMBROSE RD  
KAPLAN, LA 70548

**Operator ID: 38059**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRIAN J MEAUX  
123 PAIGE ST  
DUSON, LA 70529

Operator ID: 7515  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JASON J MECHE  
213 SUNDOWN  
BROUSSARD, LA 70518

Operator ID: 32646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD D MECHE  
1928 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

Operator ID: 5514  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDON J MECHE  
109 SCHOEFFLER RD  
CARENCRO, LA 70520

Operator ID: 7913  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDT MECHE  
5475 DEVORE DRIVE  
BATON ROUGE, LA 70811

Operator ID: 9051  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEVEN B MECUM  
121 MAGNOLIA CT  
LULING, LA 70070-3211

Operator ID: 3103  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WALTER L MEDDERS  
PO BOX 720  
WEST MONROE, LA 71294

Operator ID: 43312  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLENE MEGGS  
P O BOX 871654  
NEW ORLEANS, LA 70187

Operator ID: 32666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MELVIN J MEISTER  
10414 ACY ROAD  
ST. AMANT, LA 70774

Operator ID: 32366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WYADE M MELANCON  
2272 HWY. 44  
PAULINA, LA 70763

**Operator ID: 28668**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MERLIN MELANCON  
537 DEPRIMO LANE  
OPELOUSAS, LA 70570

Operator ID: 5123  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KIRK J MELANCON  
29090 HWY 644  
VACHERIE, LA 70090

Operator ID: 8463  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARRIN R MELERINE  
2720 PLAZA DR  
CHALMETTE, LA 70043

Operator ID: 3114  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MATTHEW W MENARD  
1312 W 9TH  
KAPLAN, LA 70548

Operator ID: 24827  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLAY P MENARD  
4127 VETERANS MEMORIAL DR  
ABBEVILLE, LA 70510

Operator ID: 27767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

JANET E MENARD  
105 BEAU CLOS LANE  
BROUSSARD, LA 70518

**Operator ID: 6663**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEENAN J MENARD  
110 WEST MENARD ROAD  
DUSON, LA 70529

Operator ID: 7029  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHERILL J MENARD  
535 MENARD ROAD  
SULPHUR, LA 70665

Operator ID: 8888  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICKY L MENARD  
6862 EARL ELLENDER RD  
SULPHUR, LA 70665

Operator ID: 9603  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

VINCENT J MENGE  
5781 HWY 56  
CHAUVIN, LA 70344

**Operator ID: 40325**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAURA D MENKE  
3020 OLD DERIDDER HWY  
LAKE CHARLES, LA 70615

Operator ID: 43953  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN MENOUE  
1734 FISH HATCHERY ROAD  
NATCHITOCHEs, LA 71457

Operator ID: 3123  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES L MERRITT  
POST OFFICE BOX 295  
SIBLEY, LA 71073

Operator ID: 8055  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY T MERRITT  
109 WATSON LANE  
PATTERSON, LA 70392

Operator ID: 8131  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD W MESSICK  
405 CASON ROAD  
COUSHATTA, LA 71019

Operator ID: 10273  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LAWRENCE J MESSMER  
248 WOODWIND DRIVE  
HOUMA, LA 70360

Operator ID: 10799  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

CLINTEN R METHVIN  
PO BOX 419  
WALKER, LA 70785

Operator ID: 25147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMEY METOYER  
311 UNIVERSITY ST  
ALEXANDRIA, LA 71302

Operator ID: 40365  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JULIUS C METZ  
6191 METZ ROAD  
ST FRANCISVILLE, LA 70775

Operator ID: 12124  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JUSTIN B METZ  
10459 TUNICA TRACE  
ST FRANCISVILLE, LA 70775

Operator ID: 17527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL L METZ  
1680 O'NEAL LN #377  
BATON ROUGE, LA 70816

Operator ID: 8644  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KERN M MEYERS  
206 CLAY RIDGE DR  
YOUNGSVILLE, LA 70592

Operator ID: 12179  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLIFFORD J MEYERS  
2733 SOUTH LAKE BLVD  
VIOLET, LA 70092

Operator ID: 45818  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LOUIS A MICHEL, JR  
21092 E EVANS ROAD  
KENTWOOD, LA 70444

Operator ID: 12232  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ANGELO C MICHEL  
103 MARY ANN AVE  
HOUMA, LA 70363

**Operator ID: 47594**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MILTON R MIDKIFF  
2696 COOPER CHURCH RD  
LEESVILLE, LA 71446-5721

Operator ID: 3136  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIEL L MIGLIORE  
10469 BUDDY GORE RD  
GONZALES, LA 70737

Operator ID: 37252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRIAN P MIGUEZ  
1092 DANIEL DR  
ST MARTINVILLE, LA 70582

Operator ID: 42674  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DUANE MIGUEZ  
133 BAYOU ESTATES DRIVE  
DES ALLEMANS, LA 70030

Operator ID: 7319  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARIYANA MIHAYLOVA  
PO BOX 5337  
BOSSIER CITY, LA 71111

Operator ID: 49136  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HOLLIS J MILES  
1469 HWY 401  
NAPOLEONVILLE, LA 70372

Operator ID: 3139  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TROY A MILES, SR  
1209 NORTH SUGAR RIDGE RO  
LAPLACE, LA 70068

Operator ID: 5883  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RODRICK L MILLAGE  
205 HARDING DR  
MONROE, LA 71201

Operator ID: 47152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

HAROLD J MILLER  
166 PINE LANE  
OAKDALE, LA 71463

Operator ID: 10276  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AARON D MILLER  
108 TIMBERLINE LN  
PRINCETON, LA 71067

Operator ID: 11605  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

JEWELL MILLER, JR  
39229 OLD SAWMILL RD  
PONCHATOULA, LA 70454

Operator ID: 14886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRYAN A MILLER  
1449 HWY 384  
LAKE CHARLES, LA 70607

Operator ID: 19088  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JASON R MILLER  
39401 PINE TREE LN  
MT. HERMON, LA 70450

Operator ID: 30028  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEFFERSON D MILLER  
1043 REDWOOD DRIVE  
DENHAM SPRINGS, LA 70726

Operator ID: 3143  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

GLENN R MILLER  
253 MAYO AVENUE  
HARAHAN, LA 70123

**Operator ID: 3146**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DANIEL G MILLER  
POST OFFICE BOX 737  
LOREAUVILLE, LA 70552

**Operator ID: 3157**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK J MILLER  
300 SILVERSTONE CIR  
PONCHATOULA, LA 70454-9058

Operator ID: 3161  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GERALD J MILLER  
PO BOX 125  
CENTERVILLE, LA 70522

Operator ID: 3163  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DOUGLAS MILLER  
2215 GENERAL COLLINS AVEN  
NEW ORLEANS, LA 70114

Operator ID: 3167  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID O MILLER  
P.O. BOX 2592  
JENA, LA 71342

Operator ID: 3169  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DENNIS L MILLER  
3500HOUSTON RIVER ROAD  
WESTLAKE, LA 70669

Operator ID: 33446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLAYTON A MILLER  
P O BOX 439  
HACKBERRY, LA 70645

Operator ID: 37856  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SKYLAR J MILLER  
712 CALCASIEU AVE  
LAKE ARTHUR, LA 70549

Operator ID: 42680  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEFAN J MILLER  
2750 MILLERVILLE RD  
APT 5302  
BATON ROUGE, LA 70816

Operator ID: 45007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH L MILLER  
1659 E LINCOLN RD  
LAKE CHARLES, LA 70607

Operator ID: 45752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JUSTIN A MILLER  
9212 LOCKHART RD  
LOT 26  
DENHAM SPRINGS, LA 70726

**Operator ID: 46112**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TREY C MILLER  
PO BOX 401  
BETHANY, LA 71007

Operator ID: 48878  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RANDY G MILLER  
1331 POOL ST  
MAMOU, LA 70554

Operator ID: 6525  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CINDERELLA L MILLER  
7339 HWY 93  
ARNAUDVILLE, LA 70512

Operator ID: 6776  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ARNOLD L MILLER  
1107 BOURG STREET A  
HOUMA, LA 70360

Operator ID: 6978  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GEORGE A MILLER  
8483 HWY 441  
AMITE, LA 70422

Operator ID: 7135  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KENNETH S MILLER  
3770 MONROE HWY 165  
SUITE C 126  
PINEVILLE, LA 71360-4170

Operator ID: 8194  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RICHARD W MILLER, SR  
1315 SOUTHERN OAK DRIVE  
SULPHUR, LA 70665

Operator ID: 8646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

TODD J MILLET  
378 HESTER DR  
LAPLACE, LA 70068

**Operator ID: 3173**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DANIEL A MILLET, JR  
211 WEST SIXTH STREET  
GRAMERCY, LA 70052

Operator ID: 3176  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DINAH S MILLET FOREMAN  
214 TRAVEL PATH RD  
ROGERSVILLE, AL 35652

Operator ID: 6571  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JOSEPH R MILLING  
8595 DOUG WAX RD  
DENHAM SPRINGS, LA 70726

Operator ID: 40742  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN J MILLS  
PO BOX 358  
MOREAUVILLE, LA 71355

Operator ID: 48614  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDALL L MILLS  
126 SWEET POTATO RD  
RAYVILLE, LA 71418

Operator ID: 6202  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MATTHEW MINNIFIELD  
1350 GRAMONT ST  
MONROE, LA 71201

Operator ID: 39530  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WAYNE J MINOR  
455 ACORN ST  
SLIDELL, LA 70458

Operator ID: 3186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH A MIRABIN  
7634 WALES STREET  
NEW ORLEANS, LA 70126

Operator ID: 6724  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRIAN G MIRANDA  
26040 TENTANT ROAD  
PLAQUEMINE, LA 70764-6539

Operator ID: 3187  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DALE A MIRE  
PO BOX 704  
CHARENTON, LA 70523

Operator ID: 25013  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JARED A MISHER  
10444 RED OAK ST  
BATON ROUGE, LA 70815

Operator ID: 45816  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENDALL L MISTRIC  
10756 BROOK DR  
DENHAM SPRINGS, LA 70726

Operator ID: 45058  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRUCE L MITCHELL  
515 DILLON  
MANY, LA 71449

Operator ID: 10641  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRIAN W MITCHELL  
2901 SCHWING ROAD  
NEW IBERIA, LA 70560

Operator ID: 5849  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GEORGE MITCHELL  
P O BOX 81  
ROSEDALE, LA 70772

Operator ID: 7212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

JON M MIXON  
PO BOX 1550  
AMITE, LA 70422

**Operator ID: 24727**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CURTIS D MIXON  
P O BOX 1550  
AMITE, LA 70422

Operator ID: 3201  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CAMILLE F MIZE  
1934 STRICKLAND ROAD  
RUSTON, LA 71270

Operator ID: 6839  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH E MIZELL  
20520 HWY 40  
BUSH, LA 70431

Operator ID: 28086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MELINDA D MIZELL  
78392 DUTSCH LANE  
COVINGTON, LA 70435

Operator ID: 3203  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BAHRAM MOEINIAN  
228 EMERALD CRK W  
ABITA SPRINGS, LA 70420-3351

Operator ID: 3207  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

VIVIAN L MOFFETT  
1404 PEARL STREET  
HOMER, LA 71040

Operator ID: 3208  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BUKAR MOHAMMED  
142 UNIVERSITY DR  
NATCHITOCHEs, LA 71457

Operator ID: 18406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEFFERY G MOLBERT  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

Operator ID: 9406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOEL MOLINA  
3316 DAUPHINE ST  
NEW ORLEANS, LA 70117

Operator ID: 35390  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICKEY J MOLLERE  
PO BOX 575  
NAPOLEONVILLE, LA 70390

Operator ID: 3214  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKEY J MOLLERE, JR  
103 JAMES STREET  
THIBODAUX, LA 70301

Operator ID: 43458  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PURVIS J MONCEAUX  
302 N MONCEAUX  
KAPLAN, LA 70548

Operator ID: 3218  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLARENCE J MONET, JR  
1004 LENNON ST  
SLIDELL, LA 70461

Operator ID: 8265  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DOUGLAS S MONITOR  
1530 EASTWOOD DR  
SLIDELL, LA 70459

Operator ID: 3223  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JENNIFER S MONTALBANO  
14891 HIGHWAY 175  
MANY, LA 71449-6810

Operator ID: 24047  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

WENDY A MONTALBANO  
42080 GARDENS BLVD  
UNIT A  
HAMMOND, LA 70403

Operator ID: 47552  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICKIE G MONTELARO  
PO BOX 8  
FORDACHE, LA 70732

Operator ID: 3228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARCOS A MONTI  
200 HERITAGE DR  
BOSSIER CITY, LA 71112

Operator ID: 14788  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GWIN M MONTOU  
2415 HWY 93  
CARENCRO, LA 70520

Operator ID: 5190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FORREST C MOONEY  
POST OFFICE BOX 872  
ST FRANCISVILLE, LA 70775

Operator ID: 8101  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHEAL W MOORE  
9585 GREAT SMOKEY AVENUE  
BATON ROUGE, LA 70814

Operator ID: 10900  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID L MOORE  
800 S WALNUT STREET  
TALLULAH, LA 71282

Operator ID: 11966  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY S MOORE  
116 EASTWOOD DRIVE  
HAUGHTON, LA 71037

Operator ID: 3238  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHARON L MOORE  
14825 HWY 84 E  
LOGANSPOUT, LA 71049

Operator ID: 35766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

BRIAN K MOORE  
262 PERRITT ROAD  
ARCADIA, LA 71001

**Operator ID: 36307**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEMETRIS L MOORE  
29 MERRYDALE DR  
MONROE, LA 71202

Operator ID: 39531  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDI M MOORE  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 46452  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON M MOORE  
44068 BILL RICHARDSON RD  
ST AMANT, LA 70774

Operator ID: 47192  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS W MOORE  
PO BOX 6  
WISNER, LA 71378

Operator ID: 48532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN S MOORE  
PO BOX 5337  
BOSSIER CITY, LA 71171-5337

Operator ID: 5667  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DERRICK A MOORE  
4168 LAC ST. PIERRE DR  
HARVEY, LA 70058

Operator ID: 6725  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY E MOORE, JR  
517 SCHLESSINGER ST  
ABBEVILLE, LA 70510

Operator ID: 7376  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SHIREY A MOOTY  
175 BAILEY CHEMIN WAY  
ZWOLLE, LA 71486

Operator ID: 41782  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARK L MORACE  
407 ASH ST  
VIDALIA, LA 71373

Operator ID: 3249  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DWAYNE MORAN  
12444 - B COOPER RD  
ST AMANT, LA 70778

Operator ID: 42781  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSHUA D MORAN  
61366 N MILITARY RD #2  
SLIDELL, LA 70461-2042

Operator ID: 6754  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEITH W MORAS  
484 ARNO GREMILLION RD  
MANSURA, LA 71350

Operator ID: 46693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JASON P MOREAU  
37313 HWY 74 LOT120  
GEISMAR, LA 70734

Operator ID: 32686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENNETH R MOREE, II  
700 LEDET DR TRLR 5  
THIBODAUX, LA 70301

Operator ID: 37859  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BARRY K MOREHEAD  
6305 MOSSWOOD  
MONROE, LA 71203

Operator ID: 11373  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRIAN J MORESI  
POST OFFICE BOX 181  
BROUSSARD, LA 70518

Operator ID: 6527  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JONATHAN O MORGAN  
1023 JOURDAN AVE  
NEW ORLEANS, LA 70117

Operator ID: 20413  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PHILLIP M MORGAN  
239 EVANS RD  
COUSHATTA, LA 71319

Operator ID: 3264  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT J MORGAN, JR  
PO BOX 781  
BELLE CHASE, LA 70037

Operator ID: 45452  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARK S MORGAN  
1476 HICKORY RIDGE DR  
LAKE CHARLES, LA 70611

Operator ID: 9419  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN A MORICI  
604 OAK ST  
ST ROSE, LA 70087

Operator ID: 3268  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALLAN W MORRIS  
14395 BRENTWOOD CT  
GONZALES, LA 70737

Operator ID: 15787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD J MORRIS  
3970 GERSTNER MEMORIAL BL  
LOT # 64  
LAKE CHARLES, LA 70767-3893

Operator ID: 21406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

NATHAN E MORRIS  
6055 DOGWOOD HILLS EXT  
BASTROP, LA 71220

Operator ID: 24546  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT A MORRIS  
331 W. MAPLE AVE.  
EUNICE, LA 70535

Operator ID: 29088  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH E MORRIS  
2324 DOLPHIN DR  
LAKE CHARLES, LA 70605

Operator ID: 40445  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

WINSTON D MORRIS  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 46414  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEFFREY P MORRISON  
14861 CHENAL RD  
JARREAU, LA 70749

Operator ID: 44443  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ARNOLD MORTON  
304 WEST LAFAYETTE ST  
ABBEVILLE, LA 70510

**Operator ID: 3281**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEPHEN W MORVANT  
GRAPHIC PACKAGE/E. SMITH  
P.O. BOX 35800  
WEST MONROE, LA 71294

Operator ID: 20846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VINCENT L MOSCA  
2187 E GAUTHIER RD  
LOT# 246  
LAKE CHARLES, LA 70607

Operator ID: 41722  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EVELYN D MOSE  
POST OFFICE BOX 47  
KINDER, LA 70648

Operator ID: 11174  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILSON U MOSES  
3965 HWY 29 EAST  
COTTONPORT, LA 71327-3812

Operator ID: 5139  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CECIL MOSS  
127 ONTARIO RD  
RUSTON, LA 71270

Operator ID: 37050  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JASON E MOSS  
2525 NEW NATCHITOCHE RD  
WEST MONROE, LA 71292

Operator ID: 49452  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

FRANK D MOTT  
24205 JASE STREET  
PLAQUEMINE, LA 70764

Operator ID: 7217  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK G MOUCH  
59655 HWY 1148 LOT 131  
PLAQUEMINE, LA 70764

Operator ID: 2942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RUSSELL P MOULARD  
609 MARVIN GRAHAM LN  
MARKSVILLE, LA 71351

Operator ID: 27326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM R MOULTON  
10952 PROVIDENCE RD  
SHREVEPORT, LA 71129

Operator ID: 5334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PATRICK MOUNTS  
34731 GRAVESBRIAR DRIVE  
DENHAM SPRINGS, LA 70706

Operator ID: 3290  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD J MOUSTIER  
6037 PEPPER TREE DR  
ALEXANDRIA, LA 71303

Operator ID: 48233  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ERIC D MOUTON  
1019 KALISTE SALOOM RD  
#215  
LAFAYETTE, LA 70508

Operator ID: 10663  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RANDALL J MOUTON  
418 RAILROAD ST  
CARENCRO, LA 70520

Operator ID: 26791  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

TRACY N MOUTON  
113 NORMAN DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 8354**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GERARD P MOUTON  
16037 PAINT AVENUE  
GREENWELL SPRINGS, LA 70739

Operator ID: 9719  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LOUIS C MOWERS  
59 WEST CAROLINE  
CHALMETTE, LA 70043

Operator ID: 3293  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONNIE W MUDD  
5912 CANADA CT  
SHREVEPORT, LA 71107

Operator ID: 26469  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MATHEW A MUELLER  
4424 CHRISTINA ST  
LAKE CHARLES, LA 70605

Operator ID: 44576  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWIN R MULHEARN  
8963 HAWTHORNE DRIVE  
SHREVEPORT, LA 71118

Operator ID: 3297  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BROCK E MULKEY  
48289 ALACK LN #7  
HAMMOND, LA 70401

Operator ID: 43817  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KIRBI L MULMORE  
22885 AIDAN RD  
PLAQUEMINE, LA 70764

Operator ID: 12034  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TOMMY MUMFORD  
901 N ALICE ST  
LAKE CHARLES, LA 70615

Operator ID: 36670  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLENN MUNKRES  
737 HUCKLEBERRY  
GRETNA, LA 70056

Operator ID: 46897  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES M MUNLEY, JR  
6510 BRYCE CANYON DR S  
GREENWELL SPRINGS, LA 70739

Operator ID: 19087  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CORY N MURNANE  
776B TRAHAN ST  
SULPHUR, LA 70663

Operator ID: 44297  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID R MURPHREE  
383 SOCIAL SPRINGS RD  
RINGGOLD, LA 71068

Operator ID: 41842  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLIFORD E MURPHY  
1141 HWY 547  
GRAYSON, LA 71435

Operator ID: 6276  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JONATHAN MURPHY  
917 E AST VENABLE ST  
CHURCH POINT, LA 70525

Operator ID: 8060  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONALD W MURRAY  
2740 ELIZABETH STREET  
MARRERO, LA 70072

Operator ID: 3308  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

YVONNE M MURRAY  
3148 DUNCAN ST  
SLIDELL, LA 70458

Operator ID: 40062  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES R MURRAY, III  
6312 BORDER LANE  
SHREVEPORT, LA 71119

Operator ID: 6843  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES E MURRY  
62522 UNEEDUS TRACE ROAD  
AMITE, LA 70422

Operator ID: 28336  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHNNY D MUSGROVE  
9819 TOLEDO RD  
MER ROUGE, LA 71261

Operator ID: 11606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JORDAN G MUSSO  
PO BOX 82213  
LAFAYETTE, LA 70598

Operator ID: 23907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT L MYERS  
2808 W PINHOOK # 11  
LAFAYETTE, LA 70508

Operator ID: 10505  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERRY J MYERS  
811 DITCH AVENUE  
MORGAN CITY, LA 70380

Operator ID: 11078  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD N MYERS  
1507 S MAIN STREET  
SPRINGHILL, LA 71075

Operator ID: 3317  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRIAN K MYERS  
1124 HILMA STREET  
WESTLAKE, LA 70669

Operator ID: 5684  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LOUISE B MYLES  
144 LUM LANE  
JENA, LA 71342

Operator ID: 25846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID G MYLES  
144 LUM LANE  
JENA, LA 71342

Operator ID: 7153  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES N NAQUIN  
32267 BRIARWOOD RD  
WALKER, LA 70785

Operator ID: 10902  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

FRANK R NAQUIN  
1434 TIGER DR  
THIBODAUX, LA 70301

Operator ID: 25847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

FARON NAQUIN  
200 ELVIRA DRIVE  
RACELAND, LA 70394

Operator ID: 3327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TOBY M NAQUIN  
212 CIERA DRIVE  
HOUMA, LA 70364

Operator ID: 7486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEVE NAQUIN  
118 BRENTWOOD DR  
BELLE CHASE, LA 70037

Operator ID: 8391  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH J NARCISSE  
720 HOLLIER ROAD  
DUSON, LA 70529

Operator ID: 8504  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD J NASH  
POST OFFICE BOX 82  
VACHERIE, LA 70090

Operator ID: 3331  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WALLACE L NEAL  
PO BOX 86  
WAKEFIELD, LA 70784

Operator ID: 3336  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEREMY A NEAL  
608 LARAY RD  
COUSHATTA, LA 71019

Operator ID: 45819  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NATHAN P NEAL  
9258 MONACO CT  
HOUMA, LA 70363

Operator ID: 7636  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ERIC J NEASON  
2227 NEW ORLEANS ST  
NEW ORLEANS, LA 70130

Operator ID: 6094  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES A NEELY  
2016 SANDRA AVENUE  
METAIRIE, LA 70003

Operator ID: 36449  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN A NEILSON  
POST OFFICE BOX 853  
MANSFIELD, LA 71052

Operator ID: 11521  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DOIL A NELSON, JR  
416 BONNER FERR  
BASTROP, LA 71220

Operator ID: 3349  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

TIMOTHY P NERO  
111 FOUR T'S LANE  
SCOTT, LA 70583

**Operator ID: 25016**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CRIS A NETTLES  
217 MELODY LANE  
ATTENTION MICHAEL ISENER  
SLIDELL, LA 70458

Operator ID: 11717  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BERNARD NEVILLS  
186 NEVILLS ROAD  
WASHINGTON, LA 70589

Operator ID: 10072  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID E NEVILLS, SR  
152 NEVILLS ROAD  
WASHINGTON, LA 70589

Operator ID: 11079  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PAUL J NEW  
207 DEBORAH  
STERLINGTON, LA 71280

Operator ID: 3354  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HUEY D NEWCOMB, JR  
31133 FRANK KENNEDY ROAD  
ANGIE, LA 70426

Operator ID: 11473  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

RENEE R NEWMAN  
3789 HIGHWAY 505  
JONESBORO, LA 71251

Operator ID: 11080  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN W NEWMAN, III  
3789 HIGHWAY 505  
JONESBORO, LA 71251-5883

Operator ID: 41142  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN H NEWMAN  
3789 HWY 505  
JONESBORO, LA 71251-5883

Operator ID: 45613  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CRAIG L NEWTON  
440 LEE BOUTWELL ROAD  
WINNSBORO, LA 71295

Operator ID: 3359  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

STEPHEN G NEY  
1873 HWY 34  
WEST MONROE, LA 71292

**Operator ID: 45179**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRAD A NEZAT  
16475 MAJESTIC OAK  
PRAIRIEVILLE, LA 70769

Operator ID: 12988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MYRON R NICHOLAS, SR  
3032 SHERWOOD DR  
LAPLACE, LA 70068

Operator ID: 38591  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH H NICHOLS  
3205 OLD BLANCHARD RD  
SHREVEPORT, LA 71103

Operator ID: 3367  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN D NICHOLS  
POST OFFICE BOX 35888  
WEST MONROE, LA 71294

Operator ID: 3370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS W NICHOLSON  
253 GLENDA STREET  
RAYVILLE, LA 71269

Operator ID: 3372  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SANDY C NIKOLAUS  
POST OFFICE BOX 246  
MERAUX, LA 70075

Operator ID: 6063  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JUDE A NIMER  
1222 DANIEL ALLEY  
OPELOUSAS, LA 70570

Operator ID: 32689  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SAMUEL E NIXON  
2530 SHADOWBROOK DR  
BATON ROUGE, LA 70816

Operator ID: 36518  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

FRANK J NOCILLA, III  
1040 MICHELLE DR  
SULPHUR, LA 70663

Operator ID: 3379  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ANDREW S NOCUM  
105 LAMB DR  
JENNINGS, LA 70546

Operator ID: 38950  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SEAN P NOLAN  
P O BOX 4489  
BATON ROUGE, LA 70821-4489

Operator ID: 10381  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD G NOLAN  
521 WEST HALL AVE  
SLIDELL, LA 70460

Operator ID: 42625  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARCIA NOLAND  
8801 LAKE FOREST BLVD  
#108  
NEW ORLEANS, LA 70127

Operator ID: 38399  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

BRANDON J NORFLEET  
424 WADE ST  
LULING, LA 70070

**Operator ID: 39611**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILSON J NORRIS, JR  
P O BOX 566  
CENTERVILLE, LA 70522-0566

Operator ID: 11274  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRENT T NORRIS  
3429 HWY 151  
DUBACH, LA 71235

Operator ID: 17646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ZACHARY NORTH  
1325 LINCOLN AVENUE  
MARRERO, LA 70072

Operator ID: 6726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

MATTHEW B NUGENT  
P O BOX 575  
URANIA, LA 71480

**Operator ID: 11275**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL E NUGENT  
59 JOE ROSIER  
DEVILLE, LA 71328

Operator ID: 12787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL T NUMBERS  
306 WHIPPOORWILL DR.  
DERIDDER, LA 70634

Operator ID: 7223  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HILLARY J NUNEZ  
POST OFFICE BOX 62  
VIOLET, LA 70092

Operator ID: 10301  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JACOB E NUNEZ  
137 BETTY MURLESLN  
BELL CITY, LA 70630

Operator ID: 22126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SCOTT W OALMANN  
12032 ANNA DR  
HAMMOND, LA 70403

Operator ID: 47414  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT C OALMANN  
1925 JOSEPH DRIVE  
ST BERNARD, LA 70085

Operator ID: 5654  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHARLES M OBRIEN  
5218 CHERRYWOOD DRIVE  
BATON ROUGE, LA 70809

Operator ID: 7776  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID K OBRYANT  
3490 REDWOOD LN  
PAULINA, LA 70763

Operator ID: 11277  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAWRENCE J ODOM  
13841 FELICITY DR  
BATON ROUGE, LA 70714

Operator ID: 19686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRONNIE L ODOM  
2610 HWY 8  
POLLOCK, LA 71467

Operator ID: 3404  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JENNIFER M OGEA  
2570 TUILERIE DR  
LAKE CHARLES, LA 70615-3527

Operator ID: 36288  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PATRICK S OHARA  
481 O HARA RD  
LEESVILLE, LA 71446

Operator ID: 6191  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARCEL J OJEDA  
8200 PINES RD  
APT 2112  
SHREVEPORT, LA 71129

Operator ID: 40526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

GORDON M O'KEEFE  
1212 N BENGAL RD  
METARIAIE, LA 70003

Operator ID: 42382  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRAVIS D OLIVER  
233 VICTORY CT  
GRAY, LA 70359

Operator ID: 34868  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ANDRE' J OLIVER  
1211 CLIFFORD AVE  
EUNICE, LA 70535

Operator ID: 37987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STANLEY J OLIVIER  
3106 OLIVIER RD  
JEANERETTE, LA 70544

Operator ID: 3410  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREG M OLIVIER  
137 CLARA DUPUY RD  
GRAY, LA 70359

Operator ID: 39864  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES R OLIVIER  
5995 WEST CREOLE HWY  
CAMERON, LA 70631

Operator ID: 5503  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS J OLSEN  
9847 ISLANDROAD  
ST FRANCISVILLE, LA 70775

Operator ID: 11719  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH J ONEAL  
3869 ACCACIA LN  
HARVEY, LA 70058

Operator ID: 47852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

MARLON J ONEIL  
202 ARPENT ST  
CARENCRO, LA 70520

Operator ID: 7891  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

RICHARD G ONKEN  
615 SOUTH ELM ST  
WELSH, LA 70591

Operator ID: 47332  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DAVID E OPDENHOFF  
336 NORTH 6TH ST  
PONCHATOULA, LA 70454

Operator ID: 3415  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

HALLIE T O'QUAIN  
1009 SARA  
SULPHUR, LA 70663

**Operator ID: 43334**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MELISSA S ORDOYNE  
432 HICKORY AVENUE  
HARAHAN, LA 70123

Operator ID: 11532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

EDWIN A ORDOYNE  
5451 HWY 308  
LOCKPORT, LA 70374

Operator ID: 17886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAVID J ORGERON  
5105 PRITCHARD RD  
MARRERO, LA 70072

Operator ID: 5579  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SCOTT J ORILLION  
118 HARROW DRIVE  
SLIDELL, LA 70461

Operator ID: 28646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHAD J ORILLION  
434 CENTERVILLE ST - NE  
DENHAM SPRINGS, LA 70726

Operator ID: 41342  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GEORGE ORR  
754 SPRINGHILL LOOP  
POLLOCK, LA 71467

Operator ID: 6532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROGER L ORTEGO  
POST OFFICE BOX 232  
CENTERVILLE, LA 70522

Operator ID: 8355  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
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INVOICE

DANIEL J ORY  
713 HERITAGE AVE  
GRETNA, LA 70056

Operator ID: 48812  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DANIAL K OTT  
1690 FRONT ST  
ANACOCO, LA 71403

Operator ID: 47233  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NATHAN J OUBRE  
100 MORVANT DRIVE  
THIBODAUX, LA 70301

Operator ID: 11149  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GEORGE T OUBRE, JR  
29350 HWY 20 W  
VACHERIE, LA 70090

Operator ID: 3422  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JESSIE J OUBRE, III  
PO BOX 41  
EDGARD, LA 70049

**Operator ID: 9519**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DEREK J OVERLAND  
10341 LA 1064  
TICKFAW, LA 70466

Operator ID: 3427  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GREGORY B OWENS  
PO BOX 1272  
WEST MONROE, LA 71294

Operator ID: 3432  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

THOMAS L OWENS, SR  
POST OFFICE BOX 1272  
WEST MONROE, LA 71292

**Operator ID: 3434**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONALD W OWENS  
199 BOYETT SUB ST  
SAREPTA, LA 71071

Operator ID: 39051  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LUCAS L OWENS  
114 FORT ST  
MINDEN, LA 71055

Operator ID: 39332  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

RODNEY D OWENS  
PO BOX 251  
SLAGLE, LA 71475

**Operator ID: 8062**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY P OXLEY  
32880 FOX RUN DRIVE  
WALKER, LA 70785

Operator ID: 8820  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALLEN D PACE  
135 WOODY RD  
FARMERVILLE, LA 71241

Operator ID: 36309  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CALVIN J PAGE  
2812 MILL STREET  
ALEXANDRIA, LA 71307

Operator ID: 11722  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ERIC B PAGE  
411 NORTHWEST STREET  
FARMERVILLE, LA 71241

Operator ID: 6589  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH L PAIGE, JR  
39107 TYLER BALLARD ROAD  
WALKER, LA 70785

Operator ID: 7739  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GASPER L PALERMO  
52211 TAYLOR DR  
LORANGER, LA 70446-2259

Operator ID: 3444  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY J PALINE  
POST OFFICE BOX 410  
WATSON, LA 70786

Operator ID: 3445  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BILLY D PALMISANO, SR  
3638 MEADOWDALE DR  
SLIDELL, LA 70458

Operator ID: 10291  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLENN G PAPILLION  
1228 CYPRESS HARBOR DRIVE  
LAKE CHARLES, LA 70605

Operator ID: 11869  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

LARRY J PAPPAN  
14582 ROSEDALE  
HOSSTON, LA 71043

**Operator ID: 42685**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRAVIS P PARKER  
41483 HWY 42  
PRAIRIEVILLE, LA 70769

Operator ID: 11280  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEWART L PARKER  
316 DEHLCO ROAD  
RAYVILLE, LA 71269

Operator ID: 32087  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL D PARKER  
421 BOWMER LANE  
SULPHUR, LA 70663

Operator ID: 47255  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALVIN PARKER  
3701 ALFRED  
NEW ORLEANS, LA 70122

Operator ID: 7711  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TERRY A PARKS  
1804 ACADIAN DR  
HOUMA, LA 70363

Operator ID: 5459  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LANDON D PARR  
16309 EAST BREWSTER RD  
APT K 175  
COVINGTON, LA 70433

Operator ID: 12115  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANTHONY N PARRINO  
1016 HUDSON CREEK RD  
DRY PRONG, LA 71423

Operator ID: 37460  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEWIS G PARRISH, JR  
4301 CLEARY AVE  
METAIRIE, LA 70002

Operator ID: 46276  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ELIE J PART  
407 NORTH CAROLINA STREET  
NEW ROADS, LA 70760

Operator ID: 3468  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

JOHNNY R PASCALIN  
30950 SUMMER BREEZE DR  
DENHAM SPRING, LA 70726

**Operator ID: 19086**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT PASCHAL, JR  
234 LARIS DRIVE  
RACELAND, LA 70394

Operator ID: 3470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ALAN L PASSMAN  
3849 MARKET STREET  
JACKSON, LA 70748

Operator ID: 7136  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KIM D PATIN  
P O BOX 273  
ROSEDALE, LA 70772

Operator ID: 25947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DEWAYNE J PATIN  
14632 GENERAL PRENTISS  
BATON ROUGE, LA 70816

Operator ID: 45533  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FREDERICK PATRICK, JR  
PO BOX 630  
HOUMA, LA 70361-0630

Operator ID: 11312  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ALBERT E PATTEN  
P O BOX 133  
SICILY ISLAND, LA 71368

Operator ID: 3474  
Date: 1/27/2016

This is your 2016 /2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RAYDELL PATTERSON  
141 STAR TERRACE DR  
RESERVE, LA 70084

Operator ID: 46114  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BENJAMIN J PATTILLO  
3420 GINGER RD  
APT 1808  
HAUGHTON, LA 71037

Operator ID: 37389  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TONY J PAUL  
3456 4TH ST  
BERWICK, LA 70342

Operator ID: 38651  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

JACK PAUL  
11211 HWY112  
PITKIN, LA 70656

**Operator ID: 41482**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

JAMES A PAUL, SR  
1835 SOUTHPOINTE DR  
APT 2  
BATON ROUGE, LA 70808

**Operator ID: 43352**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KENDALL PAUL  
11418 CATALINA AVE  
BATON ROUGE, LA 70814

Operator ID: 7740  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DARRYL E PAULETTE  
23015 ELDER STREET  
MANDEVILLE, LA 70471

Operator ID: 9725  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FREDDY W PAYNE  
3545 HWY. 882  
LAKE PROVIDENCE, LA 71254

Operator ID: 35326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREGORY L PAYNE  
1705 ROOSEVETT DR  
RUSTON, LA 71270

Operator ID: 43832  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL J PEARCE  
1498 HICKORY RIDGE DR  
LAKE CHARLES, LA 70611-3747

Operator ID: 36649  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH H PEAVY  
216 JACK FRENCH ROAD  
WINNFIELD, LA 71483

Operator ID: 46672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JAMES S PECK  
PO BOX 1363  
BRUSLY, LA 70719

**Operator ID: 45736**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ALFREDO PELICIE  
1235 WOODLONG DRIVE  
BATON ROUGE, LA 70816

Operator ID: 45009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NORMAN J PELITIRE  
72328 FOREST DRIVE  
COVINGTON, LA 70433

Operator ID: 3493  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DARREL J PELTIER  
1267 HWY 20  
THIBODAUX, LA 70301

Operator ID: 13086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GARY A PENDER  
2756 APRIL STREET  
ZACHARY, LA 70791

Operator ID: 3500  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

EDWARD J PENNARTZ  
5424 W TAMELA  
LAKE CHARLES, LA 70605

Operator ID: 10699  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

HARRIS J PENNISON, JR  
44 WILLOW DR  
GRETNA, LA 70053

**Operator ID: 39794**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JACOBY PENNYWELL  
7110 WALLACE AVE  
SHREVEPORT, LA 71106

Operator ID: 36684  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH A PEPER  
1010 STYLES RANCH RD  
CHOUDRANT, LA 71227

Operator ID: 17666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRADY PEPITONE  
3984 QUARTER HORSE LN  
ADDIS, LA 70710

Operator ID: 5780  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PERRY J PERCK  
17520 JOE SEVERAIO ROAD  
PRAIRIEVILLE, LA 70769

Operator ID: 3519  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES E PERCLE  
2010 FAIRVIEW DRIVE  
PORT ALLEN, LA 70765

Operator ID: 6936  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RAY PERCLE  
121 GREENWOOD PLANTATION  
THIBODAUX, LA 70301

Operator ID: 9291  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CARROLL E PERCY  
43472 STEVENS ROAD  
GONZALES, LA 70737

Operator ID: 9583  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

JESSE G PERKINS  
2900 BENEFIT STREET  
NEW ORLEANS, LA 70126

**Operator ID: 3511**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LEMUEL J PERKINS, JR  
116 BELLE MEADE DR  
MONROE, LA 71203

Operator ID: 37657  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL R PERKINS  
1125 MAUL RD  
DERIDDER, LA 70634

**Operator ID: 40663**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LEROY PERKINS  
22658 HWY 964  
ZACHARY, LA 70791

Operator ID: 9976  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KATHLEEN A PERMENTER  
PO BOX 31109  
SHREVEPORT, LA 71130

Operator ID: 38810  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID J PERNICIARO  
3012 PLAZA DR  
CHALMETTE, LA 70043-3538

Operator ID: 3513  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK A PEROT  
109 AMBER  
LAFAYETTE, LA 70507

Operator ID: 6670  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALICE C PERRET  
POST OFFICE BOX 11623  
NEW IBERIA, LA 70562-1623

Operator ID: 7137  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALVIN J PERRIN  
655 VIC ST  
WESTWEGO, LA 70094

Operator ID: 3518  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

FREDRICK J PERRODIN  
2800 GUY ST  
LAKE CHARLES, LA 70601

Operator ID: 37267  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT PERRON  
POST OFFICE BOX 53  
VILLE PLATTE, LA 70586

Operator ID: 11083  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DUSTIN L PERRON  
548 ALDES RD  
OPELOUSAS, LA 70570

**Operator ID: 37464**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JERRICK L PERRY  
406 DUFOUR ST  
MOREAUVILLE, LA 71355

Operator ID: 25949  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CECIL C PERRY, SR  
P O BOX 594  
TIOGA, LA 71477

Operator ID: 37155  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHAD I PERRY  
187 JOHN PERKINS RD  
STARKS, LA 70661

Operator ID: 42342  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NADINE L PERRY  
309 DUCLOS STREET  
LAFAYETTE, LA 70506-2525

Operator ID: 5779  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DOUGLAS J PERTUIT, JR  
15 GARDERE COURT  
HARVEY, LA 70058

Operator ID: 3523  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY A PETTY  
15519 JOOR ROAD  
ZACHARY, LA 70791

Operator ID: 8854  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RENE S PEYTRAL  
20301 GARLAND ST  
COVINGTON, LA 70435

Operator ID: 5440  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONNY L PFEIFER, JR  
3671 OLDMARDSVILLE HWY  
PINEVILLE, LA 71360

Operator ID: 3532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JENNIFER PHAM  
204 BON MANGE CIRCLE  
LAFAYETTE, LA 70506

Operator ID: 7045  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY D PHILLIPS  
1344 CHAUNSEY PITRE ROAD  
VILLE PLATTE, LA 70586

Operator ID: 10642  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TROY I PHILLIPS, SR  
126 SEWER PLANT ROAD  
BELLE CHASSE, LA 70037

Operator ID: 3544  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NORINTHIAN V PHILLIPS  
530 HWY 539  
MANSFIELD, LA 71052

Operator ID: 45056  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BYRON E PHOENIX  
P O BOX 124  
HAHNVILLE, LA 70057

Operator ID: 33226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES W PICARD  
5577 JAMES CLARK RD  
SULPHUR, LA 70665

Operator ID: 48592  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

TERI L PICKENS  
P O BOX 205  
NEWELLTON, LA 71357

**Operator ID: 22406**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHANE A PICKETT  
P O BOX 453  
FORDOCHE, LA 70732

Operator ID: 41602  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HAYES P PICOU, III  
4735 GRAND CHENIER HWY  
GRAND CHENIER, LA 70643

Operator ID: 37647  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
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Engineering Services

INVOICE

ROBERTA J PIERCE  
3833 STONEYBROOK  
ZACHARY, LA 70791

Operator ID: 24908  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MAURICE PIERCE  
192 MURLINE ST  
GRAMBLING, LA 71245

Operator ID: 3555  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVEN R PIERCE  
P O BOX 214  
CLOUTIERVILLE, LA 71416

Operator ID: 42972  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL R PIERITE  
634 NORTH LEE ST  
MARKSVILLE, LA 71351

Operator ID: 3559  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JASON C PIERRE  
2139 GREENWOOD RD  
BOSSIER CITY, LA 71103

Operator ID: 12235  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL S PIERSON  
210 DIPLOMAT WAY  
THIBODAUX, LA 70301

Operator ID: 3562  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID G PIGOTT  
48397 LAWRENCE GREEK ROAD  
FRANKLINTON, LA 70438

Operator ID: 30327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHARON J PILKINTON  
505 TRAVIS ST  
STE 580  
SHREVEPORT, LA 71101

Operator ID: 43833  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALLEN J PILLARO  
POST OFFICE BOX 397  
CENTERVILLE, LA 70522

Operator ID: 5401  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHEV PINCHBACK  
238 E HERNDON ST  
SHREVEPORT, LA 71101

Operator ID: 41823  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

DERRICK S PINKNEY  
2339 LOUISIANA AVE  
NEW ORLEANS, LA 70115

**Operator ID: 11408**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PAUL G PINSON, SR  
940 GARDEN DRIVE  
WESTLAKE, LA 70669

Operator ID: 8821  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LONNIE P PITRE  
185 RUE DE LEVERT  
RACELAND, LA 70394

Operator ID: 14849  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CURT D PITRE  
1801 S. SUGAR RIDGE ROAD  
LAPLACE, LA 70068

Operator ID: 3570  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENNIS J PITRE  
103 RUBY ST  
LAFAYETTE, ST 70508

Operator ID: 43932  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRISTINE E PITRE  
9363 HWY 105  
MELVILLE, LA 71353

Operator ID: 8064  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERRY PITTMAN  
512 LAWSON ST  
LOT 4  
WEST MONROE, LA 71292

Operator ID: 42062  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLAUDE E PIZANI  
209 SUNSET ST  
MORGAN CITY, LA 70380

Operator ID: 19506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GEORGE A PLACHER  
P.O. BOX 324  
MILTON, LA 70558

Operator ID: 11475  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

DARREN J PLAISANCE  
3442 STELLA RD  
PAULINA, LA 70763

**Operator ID: 34847**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SYLVESTER M PLATT  
8965 DELTA RACE RD  
NEW ROADS, LA 70760

Operator ID: 10300  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

BRYAN J PLAUCHE  
2421 ACADIENNE ST  
SULPHUR, LA 70663

**Operator ID: 42545**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KATHRYN W PLUNKETT  
173 PLUNKETT ROAD  
JONESBORO, LA 71251

Operator ID: 11544  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MIKE P POISSO  
POST OFFICE BOX 93  
DRY PRONG, LA 71423

Operator ID: 11193  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DUSTIN T POLE  
12286 JOHNNY BENOIT ROAD  
WELSH, LA 70591

Operator ID: 37780  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WAYNE H POLKEY  
13444 MARGARET ST  
VACHERIE, LA 70090

Operator ID: 38550  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JASON A POLLOCK  
439 MONSANTO AVE  
LULING, LA 70070

**Operator ID: 8126**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSHUA D POMIER  
1015 SOUTH FIELDSPAN  
DUSON, LA 70529

Operator ID: 32086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PAULA K POOLE  
4015 SAN PEDRO ST  
LAKE CHARLES, LA 70605

Operator ID: 10706  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK S POOLE  
199 GLYNN DAY ROAD  
WINNSBORO, LA 71295

Operator ID: 29610  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BARBARA L POOLE  
165 SENECA TRAIL  
WINNFIELD, LA 71483

Operator ID: 30968  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BILLY POOLE  
1923 HWY. 133  
COLUMBIA, LA 71418

Operator ID: 3600  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONALD P POPE  
PO BOX 430  
LIVINGSTON, LA 70754

Operator ID: 30649  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK A POPE  
102 BON MANGE CIRCLE  
LAFAYETTE, LA 70506

Operator ID: 8655  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

DONNIE R PORCHE  
949 HAZ-DEL LN  
HOUMA, LA 70363

**Operator ID: 10903**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MITCHELL PORCHE  
424 NASSAU DR  
BATON ROUGE, LA 70815

Operator ID: 13146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMES E PORTER  
7900 BREVARD AVENUE  
NEW ORLEANS, LA 70127

Operator ID: 10811  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDON J POURCIAU  
111 PICONE RD  
APT 1-C  
HOUMA, LA 70363

Operator ID: 42526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

JOSEPH M POWELL  
3607 PARKLAND DR  
MONROE, LA 71203

Operator ID: 48092  
Date: 1/27/2016

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**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIE E POWERS  
2067 W PINE ST  
VILLE PLATTE, LA 70586

Operator ID: 40862  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PHILIP A POWERS  
33780 PERKINS RD  
DENHAM SPRINGS, LA 70706

Operator ID: 42043  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVEN D PRACHT  
2919 RISINGER DRIVE  
SHREVEPORT, LA 71119

Operator ID: 11907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

JOHN H PRADIA  
3023 GENERAL TWINING  
LAKE CHARLES, LA 70601

Operator ID: 38091  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WENDELL T PRATER  
38160 SPRINGWOOD AVE  
PRAIRIEVILLE, LA 70769

Operator ID: 39650  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EMILE E PRATTINI  
2209 MARIETTA ST  
VIOLET, LA 70092

Operator ID: 6346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON J PREJEAN  
1101 BURMASTER ST  
GRETNA, LA 70053

Operator ID: 37788  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAINAE M PREJEAN  
212 LINDEN LEWIS RD  
YOUNGVILLE, LA 70592

Operator ID: 8656  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MELVIN E PRESLEY  
6049 CHERRY HILL AVE  
SHREVEPORT, LA 71107

Operator ID: 8065  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES B PRESSLEY  
124 MOSS RIDGE ROAD  
PINEVILLE, LA 71360

Operator ID: 40042  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM A PRESTON  
175 NORTH LAKE DR  
CONVERSE, LA 71419

Operator ID: 5492  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

LAURET B PRICE  
4743 LYNHUBER DR  
NEW ORLEANS, LA 70126

Operator ID: 11409  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JOCTOVRIA R PRICE  
161 CURRY CREEK DRIVE  
CALHOUN, LA 71225

Operator ID: 11969  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KURT PRICE  
104 CRESTWOOD  
GROSSET, AR 71635

Operator ID: 36310  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RODNEY C PRICE  
36 RILEY DEVILLE RD  
DEVILLE, LA 71328

Operator ID: 3633  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RODNEY L PRICE  
253 DONNIE PRICE ROAD  
DEVILLE, LA 71328

Operator ID: 5902  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BERNARD E PROPPS, III  
1055 ORY ST  
WESTWEGO, LA 70094

Operator ID: 48472  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSEPH C PROTHRO  
3175 MARCO RD  
LENA, LA 71447

Operator ID: 27327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHNNIE D PROVOST, JR  
915 TECHE ROAD  
MORGAN CITY, LA 70380

Operator ID: 10955  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN J PRUDHOMME  
1001 WEST PARK  
EUNICE, LA 70535

Operator ID: 44995  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CARL N PRUDHOMME  
577 CHERAMIE RD  
PORT BARRE, LA 70577

Operator ID: 45652  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

COMPTON T PUGH  
4215 OWL STREET  
MONROE, LA 71203

Operator ID: 11942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH PURVIS  
27944 PURVIS RD  
INDEPENDENCE, LA 70443

Operator ID: 3660  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EUGENE QUEBEDEAUX  
7314 HWY 93 LOT A  
ARNAUDVILLE, LA 70512

Operator ID: 3663  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES R QUINN  
7401 ESLER FIELD RD  
LOT 16  
PINEVILLE, LA 71360

Operator ID: 10305  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ELLIOTT R RACCA  
106 HEMBLING DR  
PINEVILLE, LA 70360

Operator ID: 48512  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIE R RACHEL  
1259 SHIRLEY DR  
NEW ORLEANS, LA 70114

Operator ID: 47532  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRIAN K RADFORD  
194 FRIERSON LANE  
FRIERSON, LA 71027

Operator ID: 3674  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KRISTEN R RAGAN  
350 DODGE AVE  
JEFFERSON, LA 70121

Operator ID: 47033  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHNNY R RAIA, JR  
327 ALICE STREET  
AMA, LA 70031

Operator ID: 3678  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLENN A RAINEY, III  
260 DILLON STREET  
MANY, LA 71449-2504

Operator ID: 37187  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KRISTOPHER J RALLINSON  
5805 DOGWOOD HILLS EXT  
BASTROP, LA 71220

Operator ID: 7881  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK RAMAGOS  
PO BOX 66  
MORGANZA, LA 70759

Operator ID: 3681  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY J RAMBIN  
5620 HWY 169 N  
MOORINGSPORT, LA 71060

Operator ID: 45232  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANTHONY RAMOS  
39276 TOMMY MOORE  
GONZALES, LA 70737

Operator ID: 13107  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES J RAMOUR  
1521 3RD STREET  
LAKE ARTHUR, LA 70549

Operator ID: 3683  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LESTER RANDLE  
POST OFFICE BOX 7565  
ALEXANDRIA, LA 71306

Operator ID: 7030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ELDRIDGE RANDOLPH  
4500 VIOLA ST  
NEW ORLEANS, LA 70126

Operator ID: 3684  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEROME RANDOLPH  
3433 ELM DR  
BATON ROUGE, LA 70805

Operator ID: 40063  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

DEREK M RANDOLPH  
6233 EADS STREET  
NEW ORLEANS, LA 70122

Operator ID: 7448  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENNIS E RANKIN  
118 ST JOHN  
LULING, LA 70070

Operator ID: 39796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROGER D RANKIN  
235 ANNA ST  
AMA, LA 70031

Operator ID: 6199  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEFFERY J RAPP, SR  
5218 CICERO DR  
DARROW, LA 70725

Operator ID: 3686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ODIS M RATCLIFF  
P.O. BOX 101  
ANGOLA, LA 70712

Operator ID: 30286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BENJAMIN D RATCLIFF  
13433 PALOMINO DR  
CENTRAL, LA 70739

Operator ID: 5575  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHRIS W RAY  
P.O. BOX 638  
WALKER, LA 70785

Operator ID: 10905  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHELLY L RAY  
10953 N SHORELINE DR  
BATON ROUGE, LA 70809

Operator ID: 13806  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEPHEN K RAY  
300 HILBERT RD  
WEST MONROE, LA 71291

Operator ID: 24286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONNIE J RAY  
167 SUMMERS RD  
BASKIN, LA 71219

Operator ID: 25526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
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INVOICE

EDDI A RAY  
28 SYLVIA LN  
NOBLE, LA 71462

Operator ID: 33487  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VERNON D RAY  
814 GEORGE REPPOND ROAD  
MARION, LA 71260

Operator ID: 7436  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ZACKERY J REBERG  
295 DOWDEN LOOP  
ANACOCO, LA 71403

Operator ID: 42794  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LOUIS E REDMON, III  
300 NORTH MARSHALL  
BUNKIE, LA 71322

Operator ID: 7236  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NORBERT M REDMOND, III  
1546 SHARLO AVE  
BATON ROUGE, LA 70820-4450

Operator ID: 3699  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

TROY L REDMOND  
1420 IOWA ST  
LAKE CHARLES, LA 70601

**Operator ID: 41943**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STANLEY R REDMOND  
8631 LEMON RD  
SLAUGHTER, LA 70777

Operator ID: 5173  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
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Engineering Services

INVOICE

JUSTIN K REDWINE  
113 D. MILLER RD  
DEVILLE, LA 71328

Operator ID: 46174  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ALTON REECE  
POST OFFICE BOX 730  
KENNER, LA 700630730

Operator ID: 3701  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SCOTT A REED  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 12237  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GREGORY J REED, JR  
9137 MANSFIELD RD  
APT #36  
SHREVEPORT, LA 71118

Operator ID: 17266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MILTON L REED  
612 E COLORADO AVE  
RUSTON, LA 71270

Operator ID: 17686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEAVIE E REED  
906 BINSON CIR  
MONROE, LA 71201

Operator ID: 39312  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KELVIN D REED  
2921 LASALLE DR.  
ALEXANDRIA, LA 71303-4313

Operator ID: 5152  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHAD W REED  
3433 RIGOLETTE ROAD  
PINEVILLE, LA 71360

Operator ID: 6558  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT A REEDS  
679 BELLVIEW DRIVE  
LAKE CHARLES, LA 70611

Operator ID: 7031  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LESLEY L REEVES  
422 NEPTUNE ST APT 3  
MORGAN CITY, LA 70380-5360

Operator ID: 11190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

TOMMY E REEVES  
1367 HENGER RD  
TROUT, LA 71371

Operator ID: 11636  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM "RUSTY" E REEVES, JR  
314 ANNIE REEVES RD  
REEVES, LA 70658

Operator ID: 3712  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT J REGISTER  
907 WESLEY AVE  
SHREVEPORT, LA 71107

Operator ID: 7600  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANKLIN D REHM, JR  
P O BOX 957  
PONCHATOULA, LA 70454

Operator ID: 19926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BARRY REINERS  
322 VIREO DRIVE  
MANDEVILLE, LA 70448

Operator ID: 9790  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MELVIN J REIS, III  
1925 MASSICOT RD  
SAINT BERNARD, LA 70085

Operator ID: 32729  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MELVIN J REIS, JR  
1925 MASSICOT ROAD  
ST. BERNARD, LA 70085

**Operator ID: 5536**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRENT L RELIFORD  
434 KENNETH ROAD  
RINGGOLD, LA 71068

Operator ID: 7601  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ELTON J REMONDET  
317 SOMERSET DR  
LAPLACE, LA 70068

Operator ID: 5074  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES B RENFROW, JR  
1067 DOTY ROAD  
FERRIDAY, LA 71334

Operator ID: 3720  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL N REVERE  
24322 NICK JENKINS RD  
BUSH, LA 70431

Operator ID: 31906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

JOHN REYNOLDS  
109 REYNOLDS RD  
MARION, LA 71260

**Operator ID: 30706**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID P REYNOLDS  
15979 HWY 174  
CONVERSE, LA 71419

Operator ID: 45057  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KAILUMNN F REYNOLDS  
1784 CAROL SUE AVE  
APT 2P  
GRETNA, LA 70056

Operator ID: 46632  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROBERT REYNOLDS  
1032 RICELAND DR  
CROWLEY, LA 70526

Operator ID: 9447  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL L RHODES  
409 MILL POND DR  
YOUNGSVILLE, LA 70592

Operator ID: 3729  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH B RHODES  
126 SEWER PLANT ROAD  
BELLE CHASE, LA 70037

Operator ID: 7771  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID RHODUS  
30140 W.H. RHODUS ROAD  
HOLDEN, LA 70744

Operator ID: 3731  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

ROBERT C RICE  
1384 HWY 1228  
WINNFIELD, LA 71483

**Operator ID: 6025**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARCUS S RICHARD  
1003 N CHURCH ST  
KAPLAN, LA 70548

Operator ID: 10702  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONALD RICHARD  
433 VALVERDE RD HWY 977  
MARINGOUIN, LA 70757

Operator ID: 11285  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRAD M RICHARD  
32240 LA 642 NORTH  
PAULINA, LA 70763

Operator ID: 24207  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MELANIE S RICHARD  
808 LENORA ROAD  
CHURCH POINT, LA 70525

Operator ID: 34106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRENT J RICHARD  
747 LUMAS RD  
DERIDDER, LA 70634

Operator ID: 37027  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHEP RICHARD  
132 JASMINE LANE  
WAGGAMAN, LA 70094

Operator ID: 3740  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILTON J RICHARD, JR.  
7601 CAMERON STREET  
DUSON, LA 70529

Operator ID: 3744  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEITH C RICHARD  
158 ST EDMUND LN  
EUNCIE, LA 70535

Operator ID: 42085  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LAYNE RICHARD  
7078 MIRE HWY  
CHURCH POINT, LA 70525

Operator ID: 42665  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JODY J RICHARD  
6861 HWY 1 SOUTH  
LOT # 15  
ADDIS, LA 70710

Operator ID: 43172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

KEVIN J RICHARD  
321 DARDEN RD  
LAFAYETTE, LA 70508

**Operator ID: 5016**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

ERIC A RICHARD  
120 MIDWAY ST  
THIBODAUX, LA 70301

Operator ID: 6266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TONY R RICHARD  
720 WEST LASTIE ST  
ERATH, LA 70533

Operator ID: 6574  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DANNY L RICHARD  
1702 PIERRE MATTE RD  
BRANCH, LA 70516

Operator ID: 8105  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GREGORY RICHARD  
21325 CROWLEY EUNICE HWY  
CROWLEY, LA 70526

Operator ID: 8662  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID J RICHARDS  
2420 CORINNE DR  
CHALMETE, LA 70043

Operator ID: 5073  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMES A RICHARDSON  
5305 NORTH MARKET  
SHREVEPORT, LA 71107

Operator ID: 11496  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CODY B RICHARDSON  
247 WILLOW RD  
ANACOCO, LA 71403

Operator ID: 37051  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SETH D RICHARDSON  
15448 BEAR ISHAND RD  
MAUREPAS, LA 70449

Operator ID: 46714  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN W RIDER  
778 DAVIS LK RD  
COLUMBIA, LA 71418

Operator ID: 6940  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER D RIDGEL  
16218 TRAPEN LN  
TICKFAW, LA 70466

Operator ID: 29447  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SEAN M RIECKE  
70359 L ST  
COVINGTON, LA 70433

Operator ID: 36493  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENT RIECKE  
70420 K STREET  
COVINGTON, LA 70433

Operator ID: 3765  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD A RIESS, JR  
40145 TAYLORS TRAIL  
UNIT 105  
SLIDELL, LA 70461

Operator ID: 20408  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

HUBERT RIGGS, JR  
6923 SILVER LN  
LAKE CHARLES, LA 70607

**Operator ID: 37864**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

GLENFORT R RIGMAIDEN  
2709 GENERAL MOORE  
LAKE CHARLES, LA 70615

**Operator ID: 10751**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SHELBY W RILEY  
202 MEADOWS DR  
DESTREHAN, LA 70047

Operator ID: 44034  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOEY E RILLS  
13344 K C RD  
GONZALES, LA 70737

Operator ID: 10450  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

SALVADOR J RINAUDO, JR  
235 SILVER MAPLE DR  
MANDEVILLE, LA 70471

**Operator ID: 45572**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RODNEY L RINGUET  
2201 OLD SPANISH TRAIL  
WEST LAKE, LA 70669

Operator ID: 9404  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAUL E RIVIERE, JR  
115 CARROLLTON AVENUE  
METAIRIE, LA 70005

Operator ID: 7148  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GODFREY RIXNER, III  
609 NORTH POTOMAC ST  
LAPLACE, LA 70068

Operator ID: 36180  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WILLIAM ROACH  
POST OFFICE BOX 1244  
ST FRANCISVILLE, LA 70775

Operator ID: 3780  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

JEFFERY W ROACH  
2017 STONEWALL-FRIERSON R  
FRIERSON, LA 71027

Operator ID: 6158  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RODNEY H ROARK  
3279 HWY 3104  
JENA, LA 71342

Operator ID: 8666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ALFRED J ROBAIR, JR  
7914 LUCERNE ST  
NEW ORLEANS, LA 70128

**Operator ID: 3782**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SUSAN M ROBBINS  
115 MUDGE RD.  
BOYCE, LA 71409

Operator ID: 2005  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

STEPHEN A ROBERT  
15165 JOE SEVARIO ROAD  
GONZALES, LA 70737

Operator ID: 10907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICKEY J ROBERT  
106 DUFRENE LN  
DES ALLEMANDS, LA 70030

Operator ID: 18986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HAROLD P ROBERT  
2756 ISABELLE  
MARRERO, LA 70072

Operator ID: 5092  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

BENNIE G ROBERT  
315 BEN ROBERT RD  
WEST MONROE, LA 71292

Operator ID: 8845  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JAMES D ROBERTS  
851 ROWLAND RD  
APT#50  
MONROE, LA 71203

**Operator ID: 13967**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ISRAEL C ROBERTS  
906 DON LOUIS AVENUE  
OPELOUSAS, LA 70570-3608

Operator ID: 3789  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JESSIE J ROBERTS  
428 BROWNING  
SHREVEPORT, LA 71106

Operator ID: 6848  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHASE H ROBERTSON  
7321 GARRISON LN  
DENHAM SPRINGS, LA 70726

Operator ID: 31010  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RANDY P ROBERTSON  
450 ST CHARLES ST  
NORCO, LA 70079

Operator ID: 31726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD A ROBERTSON  
214 POLLOCK ST  
KENNER, LA 70062

Operator ID: 3796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RENAULDO D ROBERTSON, SR  
1225 ELLERSLIE AVE  
LAPLACE, LA 70068

Operator ID: 3802  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CLAY B ROBERTSON  
128 OLD RIVER ROAD  
ALEXANDRIA, LA 71302

Operator ID: 40404  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHAD A ROBERTSON  
150 GIBBS RD  
FRANKLIN, LA 70538

Operator ID: 42494  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

ARTILE ROBERTSON  
1968 ROSENWALD RD  
BATON ROUGE, LA 70807

**Operator ID: 43714**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JACKIE L ROBERTSON  
493 LAKEVIEW DRIVE  
DOYLINE, LA 71023

Operator ID: 7239  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JENNY A ROBICHAUX  
1264 COLUMBUS AVENUE  
MORGAN CITY, LA 70380

Operator ID: 10947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

REBECCA N ROBICHAUX  
212 HACKBERRY STREET  
RACELAND, LA 70394

Operator ID: 8360  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
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Engineering Services

INVOICE

RAY J ROBIN  
P O BOX 556  
HENDERSON, LA 70517

Operator ID: 3805  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAYSON P ROBINS  
17231 BEBE LANE  
FRENCH SETTLEMENT, LA 70733

Operator ID: 37032  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERRY W ROBINSON, JR  
1647 ARCADIA HWY  
QUITMAN, LA 71268

Operator ID: 10308  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DEBORAH A ROBINSON  
POST OFFICE BOX 5  
HINESTON, LA 71438

Operator ID: 11087  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JEFFERY B ROBINSON  
PO BOX 173  
PAINCOURTVILLE, LA 70391

Operator ID: 11088  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CLEVELAND J ROBINSON  
42524 JEFFERSON CT  
HAMMOND, LA 70403

Operator ID: 14246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

BILL H ROBINSON  
PO BOX 687  
HAUGHTON, LA 71037

**Operator ID: 26486**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LLOYD J ROBINSON, SR  
16 KENTUCKY AVE  
KENNER, LA 70062

Operator ID: 35389  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MEKO C ROBINSON  
901 GRETNA BLVD  
APT B2-14  
GRETNA, LA 70053

Operator ID: 35401  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSIE L ROBINSON  
1918 GEN. TAYLOR AVE  
BATON ROUGE, LA 70810

Operator ID: 3815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PHILLIP H ROBINSON  
3525 HWY 865  
WINNSBORO, LA 71295

Operator ID: 3816  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MANGHEE M ROBINSON  
1715 LYNWOOD DR  
SLIDELL, LA 70460

Operator ID: 39676  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOSHUA L ROBINSON  
20035 SALLIE DR  
PLAQUEMINE, LA 70764

Operator ID: 40342  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NELTON D ROBINSON  
1638 HWY 394  
DE RIDDER, LA 70634

Operator ID: 5197  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HENDERSON ROBINSON  
3912 BORDEAUX DR.  
SHREVEPORT, LA 71108

Operator ID: 6849  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GRADY J ROBINSON  
1620 MUNSON  
SLAUGHTER, LA 70777-9602

Operator ID: 8141  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ARCHIE B ROBINSON  
287 LONE OAK LANE  
SIBLEY, LA 71073

Operator ID: 9110  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BARRY ROBSON  
114 GREENBROOK BLVD  
SHREVEPORT, LA 71106

Operator ID: 8984  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ERIC P ROBY  
4933 ALEXIS DR  
MARRERO, LA 70072

Operator ID: 31786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLINTON D ROCHESTER  
19784 HWY 450  
FRANKLINTON, LA 70438

Operator ID: 12451  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RANDY RODGERS  
1005 HOOTER RD  
BRIDGE CITY, LA 70094

Operator ID: 3830  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

UDAYA I RODRIGO  
719 BOULEVARD ST  
SHREVEPORT, LA 71104

Operator ID: 45274  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BEAU M RODRIGUE  
19972 HWY 644  
VACHERIE, LA 70090

Operator ID: 12386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ERKLE G RODRIGUE, III  
2800 HIGHWAY 20  
VACHERIE, LA 70090-3602

Operator ID: 14906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SIDNEY J RODRIGUE  
73470 TAMMY LANE  
COVINGTON, LA 70435

Operator ID: 18008  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANTHONY R RODRIGUEZ  
1429 JONES RD  
DERIDDER, LA 70634

Operator ID: 11729  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

NANCY M RODRIGUEZ  
56055 MEDINE ROAD  
WHITE CASTLE, LA 70788

**Operator ID: 40022**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

OSCAR RODRIGUEZ, JR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 5666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM A ROE, JR  
107 LAMBDA ST  
BELLE CHASSE, LA 70037

Operator ID: 8070  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT R ROEDTS  
26670 LA HWY 441  
HOLDEN, LA 70744

Operator ID: 13147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SCOTT P ROGERS  
3329 SHERBROOK LN  
HARVEY, LA 70058

Operator ID: 3843  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ERIC ROGERS  
4613 RICHLAND AVENUE  
METAIRIE, LA 70002

Operator ID: 3846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LEE S ROGERS  
206 RIVER OAKS DR  
NEW ORLEANS, LA 70118

Operator ID: 3847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH W ROGERS  
779 COONIE JACKSON RD  
RAGLEY, LA 70657

Operator ID: 46339  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

FOREST S ROGERS  
6317 KENWOOD DR  
SHREVEPORT, LA 71119

**Operator ID: 47054**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DRAKE J ROGERS, JR  
PO BOX 307  
GOLDEN MEADOW, LA 70357

Operator ID: 48852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WESTLEY P ROGERS  
544 MORNING SIDE DR  
GRETNA, LA 70056

Operator ID: 8271  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

OVERTON ROLAND  
158 NEW LIGHT ROAD  
PINEVILLE, LA 71360

Operator ID: 8748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRYAN ROMERO  
22724 JERRY ROAD  
KAPLAN, LA 70548

Operator ID: 11091  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DERRICK M ROMERO  
3626 N HWY 27  
SULPHUR, LA 70663

Operator ID: 33827  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CASEY C ROMERO  
1055 BRIDGE ST HWY  
PARKS, LA 70582

Operator ID: 37911  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JOHNNY J ROMERO  
5102 BULL ISLAND RD  
NEW IBERIA, LA 70560

**Operator ID: 3859**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MYRON C ROMERO  
824 AVENUE "H"  
WESTWEGO, LA 70094

Operator ID: 3863  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JASON P ROMERO  
401 EMANCIPATION DR  
BROUSSARD, LA 70518

Operator ID: 38650  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KRISTIN B ROMERO  
1237 PROVIDENCE HWY  
RAYNE, LA 70578

Operator ID: 40386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDDIE J ROMERO  
316 W MAIN ST  
NEW IBERIA, LA 70560

Operator ID: 40782  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CREIG J RONSONET  
PO BOX 353  
CHARENTON, LA 70523

Operator ID: 3865  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THERESA D ROOFNER  
POST OFFICE BOX 13085  
LAKE CHARLES, LA 70612

Operator ID: 7673  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MORRIS ROSAYA  
PO BOX 321  
FORDOCHE, LA 70732

Operator ID: 5188  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHARLES P ROSE  
18230 ROSE DRIVE #15  
PONCHATOULA, LA 70454

Operator ID: 11124  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLYDE P ROSE  
1582 3RD ST.  
LUTCHER, LA 70071

Operator ID: 3871  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL N ROSELLE  
5725 CASPIANA LN  
BOSSIER, LA 71112

Operator ID: 29626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSE S ROSENFELD  
519 BURDETTE ST  
NEW ORLEANS, LA 70118

Operator ID: 47672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LACARLTON J ROSS, SR  
9523 EAST GRAHAM AVE  
BATON ROUGE, LA 70814

Operator ID: 20186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

CLANCY ROSS  
1487 OAK RIDGE DRIVE  
LEESVILLE, LA 71446

Operator ID: 30648  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HENRY L ROSS  
128 CATHERINE LN  
GRAYSON, LA 71465

Operator ID: 3879  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER J ROSS  
7211 CHADBOURNE DR  
NEW ORLEANS, LA 70126

Operator ID: 42766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TARA L ROSS  
7240 HWY 3256  
LAKE CHARLES, LA 70615

Operator ID: 46232  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL T ROSS  
12327 KINGSTON DRIVE  
BATON ROUGE, LA 70807-2038

Operator ID: 8794  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SCOTT N ROTH, SR  
83683 HOLLIDAY ROAD  
FOLSOM, LA 70437

Operator ID: 21407  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GEORGE W ROTH, JR  
3802 OLE MISS DRIVE  
KENNER, LA 70065-2518

Operator ID: 8467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANTHONY A ROUCHON  
5845 WINCHESTER LANE  
CLINTON, LA 70722

Operator ID: 40664  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARK ROUGEAU  
1721 ELEANOR ST  
LAKE CHARLES, LA 70601

Operator ID: 6924  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RAYMOND D ROUSH  
5244 WALKER ROAD  
JONESBORO, LA 71251-5553

Operator ID: 8988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIELLE ROUSSEL  
2660 N NOBILE ST  
PAULINA, LA 70763-2529

Operator ID: 9510  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ADAM C ROUSSELL  
752 MAGNOLIA ST  
SLIDELL, LA 70460

Operator ID: 11480  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TERRELL M ROUSSELL  
504 KENNEDY ST  
AMA, LA 70031

Operator ID: 24866  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALLEN P ROUSSELL, JR  
2316 CORINNE AVE  
CHALMETTE, LA 70043

Operator ID: 26487  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MERRICK ROUSSELLE, SR  
247 MARCIA DR  
LULING, LA 70070

Operator ID: 3890  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DEVIN P ROUX  
367 DAVIS DR  
LULING, LA 70070

Operator ID: 42224  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMIE P ROUX  
220 BEAU PLACE BLVD  
DES ALLEMANS, LA 70030-3447

Operator ID: 6568  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRAD J ROUYEA  
P O BOX 214  
ST AMANT, LA 70774

Operator ID: 37016  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES E ROWLANDS, III  
POST OFFICE BOX 607  
CLARENCE, LA 71414

Operator ID: 10849  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAMON P ROY  
1101 AVENUE D  
WESTWEGO, LA 70094

Operator ID: 7493  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

SIDNEY J ROYSTER  
1517 PINE ST  
LAKE CHARLES, LA 70601

**Operator ID: 3899**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT E RUBERO  
17 FOWLER DR  
APT 105  
SULPHUR, LA 70663

**Operator ID: 47173**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LEMMON J RUBIN  
116 TOWN HOME DR.  
LAFAYETTE, LA 70506

Operator ID: 5935  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES W RUFFIN  
750 NORTH PRINCETON  
MANSFIELD, LA 71052

Operator ID: 3905  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KAREN I RUHL  
1102 INVERERY DR  
LAKE CHARLES, LA 70605

Operator ID: 43653  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENDALL M RUIZ  
105 MYRICK DR  
HOUMA, LA 70363

Operator ID: 3907  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAURENT P RUIZ, JR  
3747 ASHTON DRIVE  
DESTREHAN, LA 70047

Operator ID: 8468  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSEPH D RUSH, JR  
1510 S 5TH ST  
MONROE, LA 71202

Operator ID: 11481  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM RUSH  
16488 HWY 10  
ROSELAND, LA 70456

Operator ID: 9615  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GINGER A RUSHING  
1324 HWY 401  
NAPOLEONVILLE, LA 70390

Operator ID: 30367  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HENRY C RUSSELL, JR  
307 KATHERINE AVENUE  
ABITA SPRINGS, LA 70420

Operator ID: 10692  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

SAMUEL E RUSSELL  
133 WARD ROAD  
STONEWALL, LA 71078

Operator ID: 11908  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MARVIN R RUSSELL  
1512 PINE ST  
NEW ORLEANS, LA 70118

Operator ID: 3918  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GWENDOLYN RUSSELL  
1125 FULLILOVE DR  
BOSSIER CITY, LA 71112

Operator ID: 6043  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JANICE M RUSSO  
12156 OLD BATON ROUGE HWY  
HAMMOND, LA 70403

Operator ID: 5973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSHUA D RYALS  
283 WALKER RD  
MANSFIELD, LA 71052

Operator ID: 11176  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID L RYALS  
51 OUAIL ROAD  
CONVERSE, LA 71419

Operator ID: 3924  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

LAWRENCE RYDER  
POST OFFICE BOX 490  
LEONVILLE, LA 70551

**Operator ID: 11731**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES J RYDER  
POST OFFICE BOX 1132  
OBERLIN, LA 70655

Operator ID: 8073  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLIE W SALLEY  
880 NUBBIN RIDGE  
CONVERSE, LA 71419

Operator ID: 5854  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL W SALMON  
3048 MILLER ROAD  
JACKSON, LA 70748

Operator ID: 8795  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JARED L SAM  
322 STEWART ST  
LAFAYETTE, LA 70501

Operator ID: 24587  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEVIN J SAMPEY  
147 11TH STREET  
BRIDGE CITY, LA 70094-3110

Operator ID: 5978  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GARY L SANDELL  
373 MELDER RD  
GLENMORA, LA 71433

Operator ID: 23947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

CARL L SANDERS  
1400 HILLARY DR  
SLIDELL, LA 70461

Operator ID: 11410  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEVEN R SANDERS  
512 7TH STREET SE  
SPRINGHILL, LA 71075

Operator ID: 12316  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LESTER L SANDERS  
1316 POMPEY DR  
BATON ROUGE, LA 70816

Operator ID: 32826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TERRY W SANDERS  
P.O. BOX 406  
OLLA, LA 71465

Operator ID: 42709  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CALVIN SANDERS, SR  
461 VERDUN LANE  
FRANKLIN, LA 70538

Operator ID: 43553  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DANIEL L SANDERSON  
115 TOWER ROAD  
PONCHATOULA, LA 70454-8519

Operator ID: 11971  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES E SANDERSON  
26 PINE DR  
CONVERSE, LA 71419

Operator ID: 27566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SAM B SANDLIN, III  
P O BOX 279  
SAREPTA, LA 71071

Operator ID: 38910  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LENARD F SANDOVAL  
4419 GRANTHAM DR  
PINEVILLE, LA 71360

Operator ID: 3952  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MARK S SANFILIPPO  
711 SOUTH 6TH ST  
EUNICE, LA 70535

Operator ID: 14247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

PABLO SANMARTIN  
100 DAHLIA ST  
METAIRIE, LA 70005

**Operator ID: 20666**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ULYSSES A SANTIAGO  
1215 LIZARDI STREET  
NEW ORLEANS, LA 70117

Operator ID: 7494  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HUGH L SANTOS  
142 CHIMNEY STONE WAY  
SHREVEPORT, LA 71115

Operator ID: 44583  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MORRIS SAPIA  
40132 SILVERADO LN  
FRANKLINTON, LA 70438

Operator ID: 26252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DERRIAN SAPP  
P O BOX 310  
COLFAX, LA 71417

Operator ID: 3956  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES W SARGENT, JR  
7461 MCCOWN RD  
IOWA, LA 70647

Operator ID: 37653  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JARED S SATERFIEL  
4212 NORRY LANE  
MONROE, LA 71201

Operator ID: 45373  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HOWARD J SAUCIER, JR  
623 BAYOU TECH SUBD RD  
OPELOUSAS, LA 70570

Operator ID: 37110  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKY B SAUCIER  
10976 HIGHWAY 182 WEST  
FRANKLIN, LA 70538

Operator ID: 3961  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LUIS J SAUCIER  
631 BIG LAKE RD  
PINEVILLE, LA 71360

Operator ID: 5863  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD G SAVIGNOL  
16451 OLE HOMESTEAD LN  
PRAIRIEVILLE, LA 70769

Operator ID: 44053  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AUSTIN J SAVOIE  
324 JESSIE ST  
OPELOUSAS, LA 70570

Operator ID: 6448  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

JORDAN C SAVOY  
9424 BRANCH HWY  
BRANCH, LA 70516

**Operator ID: 11874**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL T SAVOY  
11667 BECO RD  
ST AMANT, LA 70774

Operator ID: 12119  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAURA S SAVOY  
700 LANDRY ST  
SULPHUR, LA 70663

Operator ID: 28206  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RANDY J SAVOY  
5346 STANDARD MILL ROAD  
RAYNE, LA 70578

Operator ID: 3965  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BYRON A SAVOY  
12156 BECO RD  
SAINT AMANT, LA 70774

Operator ID: 46033  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SCOTT E SAWYER  
291 SHERWOOD DRIVE  
DRY PRONG, LA 71423

Operator ID: 6173  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER S SCALISI  
209 S KNAPP  
IOWA, LA 70647

Operator ID: 28386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RYAN C SCARDINA  
21021 VERMONT ST  
LIVINGSTON, LA 70754

Operator ID: 3973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NATHAN A SCARLETT  
P O BOX 5337  
BOSSIER CITY, LA 71171-5337

Operator ID: 44494  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HENRY A SCHEELER, III  
P.O. BOX2201  
CHALMETTE, LA 70044

Operator ID: 10438  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM E SCHENCK  
25103 LOUAND DRIVE  
LACOMBE, LA 70445

Operator ID: 38009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LEE A SCHEXNAIDER  
9202 LA HWY 82  
ABBEVILLE, LA 70510

Operator ID: 7911  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN H SCHEXNAIDER, JR  
177 PRIMROSE DR.  
THIBODAUX, LA 70301

Operator ID: 7912  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TROY M SCHEXNAYDER  
43161 EARL BERCEGEAY RD  
GONZALES, LA 70737

Operator ID: 45814  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NELSON Y SCHEXNAYDER  
32164 DARREN ROAD  
PAULINA, LA 70763

Operator ID: 8470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLINT A SCHEXNAYDRE  
6243 BEAU DOUGLAS AVENUE  
GONZALES, LA 70737

Operator ID: 10313  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BART V SCHILLAGE  
#12 SPANISH FORT SHELL RD  
NEW ORLEANS, LA 70122

Operator ID: 3985  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RAYMOND P SCHINDLER  
POST OFFICE BOX 52  
KENNER, LA 70063

Operator ID: 5569  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES E SCHLICHER  
48372 WOODHAVEN RD  
TICKFAW, LA 70466

Operator ID: 3988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT W SCHLICHER  
746 PARKVIEW DR  
ABBEVILLE, LA 70510

Operator ID: 40902  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CARL J SCHMIDT  
11505 DAVIS ROAD  
HAMMOND, LA 70403

Operator ID: 46259  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EDWARD D SCHROCK  
PO BOX 327  
MER ROUGE, LA 71261

Operator ID: 38851  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBIN L SCHROEDER  
30095 NORTH RANGE ROAD  
LIVINGSTON, LA 70754

Operator ID: 37949  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES A SCHULTZ  
6 HOLLY DRIVE  
GRETNA, LA 70053

Operator ID: 9618  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AMY K SCHULZE  
7184 LAKELAND DR  
ZACHARY, LA 70791

Operator ID: 13148  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS F SCHWARTZ  
POST OFFICE BOX 29  
SLAUGHTER, LA 70777

Operator ID: 11287  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RODNEY A SCHWERTNER  
7121 SHADOW LANE  
LAKE CHARLES, LA 70605

Operator ID: 5561  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAWRENCE SCIENEAX, JR  
1837 PLAZA DR  
MARRERO, LA 70094

Operator ID: 47772  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD J SCOTT  
PO BOX 186  
GRAMERCY, LA 70052

Operator ID: 14592  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRICIA B SCOTT  
3724 ASPEN DR  
HARVEY, LA 70058

Operator ID: 20412  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL O SCOTT  
904 5 TH ST  
GRAND CANE, LA 71032

Operator ID: 35786  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARION R SCOTT, II  
1936 CHERYL LANE  
LAKE CHARLES, LA 70611

Operator ID: 39012  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLIFTON L SCOTT  
109 HUBERT RD  
MONROE, LA 71203

Operator ID: 39470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LYNDAL K SCOTT  
79 STANTON HALL  
DESTREHAN, LA 70047

Operator ID: 4000  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JEREMY J SCOTT  
1932 KILLINGTON DR  
HARVEY, LA 70058

**Operator ID: 42791**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS SCOTT  
133 A COUNTRY CLUB CIRCLE  
DERIDDER, LA 70364

Operator ID: 45492  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ROBERT L SCOTT  
2139 GREENWOOD ROAD  
SHREVEPORT, LA 71103

Operator ID: 6134  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

BYRON L SCOTT  
4809 FRANCIS DR  
NEW ORLEANS, LA 70126

Operator ID: 6340  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

MICHAEL L SCOTT  
2043 HWY 527  
ELM GROVE, LA 71051

**Operator ID: 6856**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

PAUL J SCOTT  
POST OFFICE BOX 1174  
OPELOUSAS, LA 70571

Operator ID: 9909  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOSHUA C SCROGGINS  
PO BOX 60726  
LAFAYETTE, LA 70596

Operator ID: 12117  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROY W SCROGGS  
PO BOX 256  
DEVILLE, LA 71328

Operator ID: 4004  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONNA R SEABAUGH  
421 BOWMER LANE  
SULPHUR, LA 70663

Operator ID: 7146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JODY J SEAY  
269 CHANNELVIEW DR  
HACKBERRY, LA 70645

Operator ID: 44337  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES E SEEDERS  
9355 BLANCHARD LATEX RD  
MOORINGSPORT, LA 71060

Operator ID: 47038  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL S SEGARS  
170 WILLOW CREEK RD  
DOWNSVILLE, LA 71234

Operator ID: 37490  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

AMMON R SEIPLE, JR  
PO BOX 186  
SAREPTA, LA 71071

Operator ID: 36669  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ERNEST W SELF  
173 GUS RACHAL ROAD  
CAMPTI, LA 71411

Operator ID: 10315  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERRY L SELF  
43115 SYCAMORE BEND AVE  
GONZALES, LA 70737

Operator ID: 6732  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM D SELLERS  
612 AVENUE G  
KENTWOOD, LA 70444

Operator ID: 4016  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICKY J SEMIEN  
2213 ALICE CT  
LAKE CHARLES, LA 70601-0111

Operator ID: 19051  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

GREGORY P SEMIEN  
2237 CLINE ST  
LAKE CHARLES, LA 70601

**Operator ID: 37907**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HAROLD W SEMIEN  
1658 LEDAY STREET  
OPELOUSAS, LA 70570

Operator ID: 5906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RAYMOND L SENECA  
58855 HYMEL DR  
WHITE CASTLE, LA 70788

Operator ID: 9363  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY J SENEGAL  
1071 GRAND PRAIRIE HWY.  
RAYNE, LA 70578

Operator ID: 36175  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TERRY L SENEZ  
33835 GALLOWAY ROAD  
WALKER, LA 70785

Operator ID: 5193  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HAL M SENN  
229 HWY 852  
RAYVILLE, LA 71269

Operator ID: 4021  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TROY J SENTIMORE  
10151 CURRAN STREET  
APT D 89  
NEW ORLEANS, LA 70127

Operator ID: 12947  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMMIE O SEPT  
7024 KENT DRIVE  
BAKER, LA 70714

Operator ID: 8361  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEPHANIE J SEPULVADO  
PO BOX 1366  
ZWOLLE, LA 71486

Operator ID: 32367  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JESSE L SEPULVADO  
300 PARKSIDE DRIVE  
ZWOLLE, LA 71486-3471

Operator ID: 5251  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

COREY N SERPAS  
22087 SOUTH RIDGE DR  
PONCHATOULA, LA 70454

**Operator ID: 26628**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEVIN SERVAT  
10 GLACIER STREET  
KENNER, LA 70065

Operator ID: 4023  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

KEVIN L SHACKELFORD  
161 POLITE ROAD  
LEESVILLE, LA 71446

Operator ID: 11096  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STANLEY B SHADDOCK  
PO BOX 395  
COTTON VALLEY, LA 71018

Operator ID: 9359  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROGER W SHANABARGER  
115 N 14TH ST  
KINDER, LA 70648

Operator ID: 10316  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TIMOTHY S SHARBUTT  
P O BOX 668  
COTTON VALLEY, LA 71018

Operator ID: 37988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALBERT A SHARP  
87234 HWY 25  
FRANKLINTON, LA 70438

Operator ID: 12452  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONALD L SHARP, SR  
29946 HWY 444  
SPRINGFIELD, LA 70462

Operator ID: 8676  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM D SHAW  
345 WAYNE DR  
SHREVEPORT, LA 71105

Operator ID: 26506  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LARRY W SHAW, JR  
4593 HWY 134  
COLLINSTON, LA 71229

Operator ID: 36212  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GEORGE W SHAW, JR  
21831 HWY 371  
COTTON VALLEY, LA 71018

Operator ID: 6198  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS S SHEAFFER  
5000 WOODLAWN DR  
APT #698  
NEW ORLEANS, LA 70131

Operator ID: 4032  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

YVES J SHEETS  
14494 WHISPERING OAKS DR  
GONZALES, LA 70737

Operator ID: 43393  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY W SHELDEN  
POST OFFICE BOX 3  
ALBANY, LA 70711

Operator ID: 8518  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

THADDEUS X SHELVIN  
1112 LEBESOUÉ RD  
LOT 24  
LAFAYETTE, LA 70507

**Operator ID: 40962**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIE R SHELVIN  
413 WEST MINOR ST  
GONZALES, LA 70737

Operator ID: 8894  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRIAN K SHELVEY, SR  
228 WILLIAM ST  
RACELAND, LA 70394

Operator ID: 6913  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID D SHEPARD  
2033 HWY 399 N  
PITKIN, LA 70656

Operator ID: 23949  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NICOLE B SHEPHERD  
110 PENNY LANE  
LECOMPTE, LA 71346

Operator ID: 7943  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DAVID L SHERRILL  
P O BOX 682  
JENA, LA 71342

**Operator ID: 10317**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KAREN L SHERRILL  
618 SHERRILL ROAD  
ATHENS, LA 71003

Operator ID: 10318  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

REUBEN T SHERRILL  
337 RICH RD  
ARCADIA, LA 71001

Operator ID: 6277  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALBERT SHIELDS, JR  
13011 STONE DR  
BAKER, LA 70714

Operator ID: 5162  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PAUL W SHOEMAKER  
PO BOX 926  
ABITA SPRINGS, LA 70420-0926

Operator ID: 12130  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS R SHORT  
1338 DESCANNES HWY  
IOTA, LA 70543

Operator ID: 45092  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY E SHRIVER  
18400 LEGION ROAD  
FRENCH SETTLEMENT, LA 70733

Operator ID: 5945  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HENRY A SHULER  
230 GRANDVIEW DR  
CHATHAM, LA 71226

Operator ID: 11735  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILL J SHULER  
411 LOUISIANA AVE  
WINNFIELD, LA 71483

Operator ID: 5151  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL P SHULER  
380 GLADYS DRIVE  
ALEXANDRIA, LA 71303-8702

Operator ID: 5189  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVEN J SHULIN  
724 VANDERBILT LN.  
KENNER, LA 70065

Operator ID: 4055  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TROY J SHULTZ  
11786 MELINDA LN  
DENHAM SPRING, LA 70726

Operator ID: 46901  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CALVIN D SHUMWAY  
1240 KINGS VIEW CIR  
JACKSON, LA 70740

Operator ID: 7033  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DEWAYNE L SHYNE  
118 GEORGIA DR  
MINDEN, LA 71055

Operator ID: 17307  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GARY W SIDES  
14675 GRAPEVINE DR  
CENTRAL, LA 70818

Operator ID: 46053  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DOUGLAS E SIGLER  
104 SADY LN  
PINEVILLE, LA 71360

**Operator ID: 6453**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SEAN SIKES  
1032 HWY 80  
DELHI, LA 71232

Operator ID: 39032  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ROY E SIKES  
POST OFFICE BOX 605  
NEWELLTON, LA 71357

Operator ID: 5494  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARCUS E SIKES  
228 WILLS ROAD  
POLLOCK, LA 71467

Operator ID: 5946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARRION T SILAS  
121 BAYOUVIEW DR APT 8  
FRANKLIN, LA 70538

Operator ID: 40643  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMAL J SIMEON  
2528 WHIPPLETREE DR  
HARVEY, LA 70058

Operator ID: 8406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Engineering Services

INVOICE

WILLIAM E SIMMERS  
32560 GRAHAM ST  
WHITE CASTLE, LA 70788

Operator ID: 4067  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER F SIMMONS  
P O BOX 1291  
ROSEPINE, LA 70659

Operator ID: 26647  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KARL SIMMONS, SR  
2185 WELLINGTON LANE  
SLIDELL, LA 70461

Operator ID: 35606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN R SIMMONS  
1734 SAM HOUSTON JONES P  
MOSS BLUFF, LA 70611

Operator ID: 4069  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HARRY G SIMMONS, III  
1445 HIGHWAY 27  
DERIDDER, LA 70634

Operator ID: 4074  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LARRY J SIMMS  
57845 NEW ERWIN DRIVE  
PLAQUEMINE, LA 70764

Operator ID: 31586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NIKITA J SIMON  
3110 LARK LN  
LAKE CHARLES, LA 70607

Operator ID: 20016  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH D SIMON  
1500 LACADIE DR UNIT B  
LAKE CHARLES, LA 70605

Operator ID: 28106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ADLES SIMON  
161 DEVALL RD  
HACKBERRY, LA 70645

Operator ID: 30668  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JEAN A SIMON  
4317 NORTHSIDE RD  
NEW IBERIA, LA 70563

Operator ID: 4081  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICKY J SIMON  
923 EATON DR  
ABBEVILLE, LA 70510

Operator ID: 6219  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

EFRON L SIMON  
1313 OKLAHOMA ST  
LAKE CHARLES, LA 70607

Operator ID: 6286  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT J SIMON, JR  
POST OFFICE BOX 47  
ESTHERWOOD, LA 70534

Operator ID: 7762  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KURT A SIMONEAUX  
2800 LITTLE FLOCK ROAD  
MANY, LA 71449

Operator ID: 10322  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LONNIE J SIMONEAUX  
42434 BLYTH AVE  
PONCHATOULA, LA 70454-9498

Operator ID: 20946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KEVIN R SIMPSON  
PO BOX 870211  
NEW ORLEANS, LA 70182-0211

Operator ID: 11411  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH W SIMPSON  
PO BOX 2043  
BATON ROUGE, LA 70821-2043

**Operator ID: 19726**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARION J SIMPSON  
5930 GILLY WILLIAMS ROAD  
PINEVILLE, LA 71360

Operator ID: 4093  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HOLLIS R SIMPSON, III  
59655 HWY 1148 LOT 164  
PLAQUEMINE, LA 70764

Operator ID: 7140  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LEROY D SIMPSON  
12940 MCRAVEN CT.  
NEW ORLEANS, LA 70128

Operator ID: 7666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JWILL H SIMS, III  
121 FOSSON LN  
LAKE CHARLES, LA 70607

Operator ID: 11433  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHANAYA T SIMS  
1659 JEFFERSON ST  
LAPLACE, LA 70068

Operator ID: 45077  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RAYFORD SIMS, JR.  
POST OFFICE BOX 132  
FISHER, LA 71426

Operator ID: 6458  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

CHARLES E SIMS  
1651 DAVIS STREET  
BAKER, LA 70714

Operator ID: 9736  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM J SINGLETON  
11435 E. BLACK OAK DR  
BATON ROUGE, LA 70815

Operator ID: 32867  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

CHRISTOPHER N SINGLETON  
4515 BIRDWELL LN  
BOSSIER, LA 71111

**Operator ID: 44584**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH R SIRAGUSA  
546 MAC ARTHUR AVENUE  
HARVEY, LA 70058

Operator ID: 11379  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLIFTON H SIVERD, JR  
1646 WEBSTER ST  
MANDEVILLE, LA 70448

Operator ID: 19128  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

EARL W SIZELOVE  
2334 DORAN DR  
LAKE CHARLES, LA 70611

**Operator ID: 42717**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LINDA B SKAPURA  
548 POLYTECH DRIVE  
BATON ROUGE, LA 70808

Operator ID: 4109  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ZACHARY N SKINNER  
4568 LINDSEY RD  
HAUGHTON, LA 71037

Operator ID: 45133  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD SKYLES  
9458 MCADOO  
SHREVEPORT, LA 71118

Operator ID: 4111  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEVE B SLACK, JR  
3301 W ESPLANADE AVE N  
APT 7116 B  
METAIRE, LA 70002

Operator ID: 36515  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEONARD R SLAY  
125 SEALS ROAD  
POLLOCK, LA 71467

Operator ID: 4116  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SAMUEL C SMALLEY, SR  
16394 W BENNETT RD  
INDEPENDENCE, LA 70443

Operator ID: 38632  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BARRY SMILEY  
POST OFFICE BOX 337  
DUPLESSIS, LA 70728

Operator ID: 11567  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JOHN T SMILEY  
POST OFFICE BOX 795  
WALKER, LA 70785

**Operator ID: 5528**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

COREY A SMITH  
104 JODIE DRIVE  
HAUGHTON, LA 71037

Operator ID: 10019  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LAWRENCE SMITH, JR  
POST OFFICE BOX 718  
NEW ROADS, LA 70760

Operator ID: 11102  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ERNEST T SMITH  
4827 CAMP STREET  
NEW ORLEANS, LA 70115

Operator ID: 11412  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MARTHA L SMITH  
42153 GARDEN DR  
PONCHATOULA, LA 70454

Operator ID: 11484  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

LINDA L SMITH  
POST OFFICE BOX 111  
SLAGLE, LA 71475

Operator ID: 11737  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WILLIAM R SMITH  
242 CARROLLTON AVENUE  
SHREVEPORT, LA 71105

Operator ID: 12239  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

PATRICIA A SMITH  
14242 SUNNYHILL AVE  
BATON ROUGE, LA 70819-2035

**Operator ID: 14727**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEPHEN G SMITH  
123 RAT TERRIER LANE  
PLAIN DEALING, LA 71064

Operator ID: 16606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ELIZABETH B SMITH  
3906 CHAUVIN LANE  
MONROE, LA 71201

Operator ID: 16726  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KARLA A SMITH  
2204 OLD MANSFIELD RD #17  
LOGANSPOUT, LA 71049-2955

Operator ID: 25466  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM J SMITH  
2201 LORECO STREET  
APT # 312  
BOSSIER CITY, LA 71112

Operator ID: 25890  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KEVIN J SMITH  
2233 WILLIAMSBURG DR  
LAPLACE, LA 70068

**Operator ID: 27226**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRAVION T SMITH  
2606 ISABEL ST  
HOUMA, LA 70363

Operator ID: 28327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIS E SMITH  
PO BOX 252  
TANGIPAHOA, LA 70465

Operator ID: 29926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KENNETH R SMITH  
91 COOK RD-LOT 25  
DELHI, LA 71232

Operator ID: 30006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MATTHEW SMITH  
599 CLAIBOURNE RD  
CALHOUN, LA 71225

**Operator ID: 30671**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANK SMITH, SR  
2751 FRANKFORT ST  
NEW ORLEANS, LA 70122

Operator ID: 32868  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICHARD R SMITH  
103 EMERALD DR APT 229  
MINDEN, LA 71055

Operator ID: 35006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY W SMITH  
13925 CAROLYN ST  
WALKER, LA 70785

Operator ID: 36290  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STAN SMITH  
3553 HWY 828  
FARMERVILLE, LA 71241

Operator ID: 36570  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DENNIS J SMITH  
12422 W BLANKEAT RD  
INDEPENDENCE, LA 70443

Operator ID: 37089  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONNIE C SMITH  
200 TEMPLE ROAD  
RAYVILLE, LA 71269

Operator ID: 37249  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CASEY P SMITH  
217 EDSON GRANGER  
SULPHUR, LA 70663

Operator ID: 37867  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JASON R SMITH  
2613 MISTY MEADOWS DR  
MARRERO, LA 70072

Operator ID: 39798  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RYAN M SMITH  
36169 SYCAMORE CIRCLE  
GEISMAR, LA 70734

Operator ID: 41128  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD D SMITH  
73303 PENN MILL ROAD  
COVINGTON, LA 70435

Operator ID: 4134  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARLES A SMITH  
1494 JOUBERT ST  
JENA, LA 71342

Operator ID: 4166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KENNETH S SMITH, SR  
15223 JOOR RD  
ZACHARY, LA 70791

Operator ID: 42083  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHRISTOPHER K SMITH  
15527 HWY 442  
TICKFAW, LA 70466

Operator ID: 43815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JANAY R SMITH  
1300 RIDGEFIELD RD  
APT 903  
THIBODAUX, LA 70301

Operator ID: 43996  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BERWICK O SMITH, JR  
PO BOX 2768  
HOUMA, LA 70361

Operator ID: 44085  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

AXXELL V SMITH  
9341 SOUTH  
DENHAM SPRINGS, LA 70726

Operator ID: 45835  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GIBSON M SMITH  
3875 HAYMARK RD  
LAKE CHARLES, LA 70605

Operator ID: 46796  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JACKQUILINE M SMITH  
5304 WICKFIELD DR  
NEW ORLEANS, LA 70122

Operator ID: 47313  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KIRBYE J SMITH  
1004 ROBINSON AVE  
MARRERO, LA 70072

Operator ID: 47693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHRISTOPHER Y SMITH  
2716 SIEVERS  
MARRERO, LA 70072

Operator ID: 5026  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DENNIS E SMITH  
PO BOX 394  
SWARTZ, LA 71281

Operator ID: 5166  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHAD J SMITH  
212 FACADE RD  
CARENCRO, LA 70520

Operator ID: 5718  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILEY P SMITH  
512 CRISWELL CT  
LAPLACE, LA 70068

Operator ID: 5964  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HENRY SMITH, JR  
349 CASSIDY LANE  
LOCKPORT, LA 70374

Operator ID: 6914  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEVIN A SMITH  
1613 YORKTOWN DRIVE  
LAPLACE, LA 70068

Operator ID: 7034  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES J SMITH  
136 MADDEN ROAD  
ARCADIA, LA 71001

Operator ID: 7439  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BARON A SMITH  
POST OFFICE BOX 4182  
NEW ORLEANS, LA 70178

Operator ID: 7499  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ANTHONY R SMITH  
58 MORACE ROAD  
DEVILLE, LA 71328

Operator ID: 7944  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ERNEST R SMITH, SR  
3882 HWY 124 EAST  
OLLA, LA 71465

Operator ID: 7946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID J SMITH  
23444 WOODLAND WAY  
PASS CHRISTIAN, MS 39571

Operator ID: 8277  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEVIN T SMITH  
299 CUTTS ROAD  
OTIS, LA 71466

Operator ID: 8683  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LONNIE D SMITH  
12899 ADGER RD  
GILLIAM, LA 71029

Operator ID: 9078  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BOYD D SMITH  
1234 STACI LANE  
SULPHUR, LA 70665

Operator ID: 9421  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RENEE L SMITH-WADE  
6119 FEDERAL 80 HWY  
RAYVILLE, LA 71206

Operator ID: 39450  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDON R SNEAD  
8362 BEEBE DR  
GREENWOOD, LA 71033

Operator ID: 26507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALBERT SNEED, JR  
P O BOX 62  
VENTRESS, LA 70723

Operator ID: 6273  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JONYELLE L SNOW-WILLIAMS  
8911 SHADY LANE  
SHREVEPORT, LA 71118

Operator ID: 34266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONNIE B SOBER, JR  
64 GRAND PIERRE RD  
PINEVILLE, LA 71301

Operator ID: 5426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL A SOBERT  
508 PLANTATION RD  
THIBODAUX, LA 70301-4324

Operator ID: 46373  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DAVID T SODEN  
POST OFFICE BOX 1854  
SLIDELL, LA 70459

Operator ID: 10693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRIAN K SOILEAU  
587 ROZAS ROAD  
EUNICE, LA 70535

Operator ID: 5116  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT C SOILEAU  
272 DESHOTEL RD  
OAKDALE, LA 71463

Operator ID: 5853  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MATHEW SOILEAU  
15171-1 HWY 1078  
FOLSOM, LA 70437

**Operator ID: 7310**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER C SOILEAU  
80 FREDRICKSBURG RD  
BOYCE, LA 71409

Operator ID: 8300  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MATTHEW R SOLARES  
3141 VENTURA LN  
MARREO, LA 70072

**Operator ID: 47992**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

HECTOR L SOLER  
37420 CYPRESS TRACE AVE  
GEISMAR, LA 70734

Operator ID: 11538  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CRAIG SOLLBERGER  
34438 HWY 433  
SLIDELL, LA 70460

Operator ID: 4185  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD G SONIAT  
PO BOX 1137  
BRUSLY, LA 70719

Operator ID: 9957  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

DONALD J SONNIER, SR  
4582 HICKORY BRANCH ROAD  
LAKE CHARLES, LA 70611

**Operator ID: 11380**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANTHONY D SONNIER  
1318 KIMBERLY DR  
JENNINGS, LA 70546

Operator ID: 15906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

CHARLES M SONNIER  
P.O. BOX 1037  
KINDER, LA 70648

**Operator ID: 24607**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TODD W SONNIER  
914 HUMPHREY ST  
JENNINGS, LA 70546

Operator ID: 26750  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ADAM J SONNIER  
P O BOX 803  
KINDER, LA 70648

Operator ID: 40406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN W SONNIER  
136 BLANCHARD RD  
LAKE CHARLES, LA 70605

Operator ID: 40473  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BECKY C SOPRANO  
PO BOX 195  
CENTERVILLE, LA 70522

Operator ID: 8365  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DELBERT E SPANGLER  
198 ANDERSON LANE  
COLUMBIA, LA 71418

Operator ID: 13326  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KATHRYN L SPARKS  
1599 BURMA ROAD  
THIBODAUX, LA 70301

Operator ID: 31366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHANNON M SPARKS  
6201 BERT KOUN LOOP  
LOT 243  
SHREVEPORT, LA 71129-5028

Operator ID: 41822  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

REGINALD T SPEARS  
40181 MARIE RD  
PRAIRIEVILLE, LA 70769

Operator ID: 48112  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JIMMIE R SPEARS  
992 HWY 135  
WINNSBORO, LA 71295

Operator ID: 5363  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JIMMY D SPEIGHT  
6261 DESS ROAD  
FLORIEN, LA 71429

Operator ID: 7948  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SIDNEY J SPELL, JR  
22277 SIDNEY SPELL ROAD  
BUSH, LA 70431

Operator ID: 10493  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WILLIAM H SPELL  
3736 SIR WILLIAM CT  
BATON ROUGE, LA 70816

Operator ID: 10985  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

VICTORIA E SPENCE  
42293 MIKE DRIVE  
HAMMOND, LA 70403

Operator ID: 41124  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID M SPENCER  
1524 N DUPRE  
NEW ORLEANS, LA 70119

Operator ID: 28266  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HERMAN H SPILLER  
PO BOX 54  
FOREST HILL, LA 71430

Operator ID: 5138  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAYMOND D SPILLMAN  
1014 AVENUE E  
BOGALUSA, LA 70427-4318

Operator ID: 19146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TINA W ST CLAIR  
1 SHADE TREE DRIVE  
CARRIER, MS 39426

Operator ID: 8640  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ADAM J ST GERMAIN  
100 GRETCHEN CT  
MONTZ, LA 70068

Operator ID: 45073  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CORY D ST ROMAIN  
9898 LOCKHART D  
DENHAM SPRINGS, LA 70726

Operator ID: 40422  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MISTI L ST.JOHN  
345 AREA 4 RD  
LOT 10  
WEST MONROE, LA 71292

**Operator ID: 17746**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JOSEPH B ST.JOHN  
345 AREA 4 RD LOT 10  
WEST MONROE, LA 71292

**Operator ID: 29286**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

TRACEY J ST.JULIEN  
613 COMPTON ST  
NEW IBERIA, LA 70560

Operator ID: 15946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

LIONEL STACKHOUSE  
P O BOX 839  
PATTERSON, LA 70392

Operator ID: 40282  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT L STAEHLE  
313 EAST NORTH LOOP  
OAKDALE, LA 71463

Operator ID: 5240  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL C STAFFEN  
28651 BERRY TODD RD  
LACOMBE, LA 70445

Operator ID: 9792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JASON K STAFFORD  
30490 N CORBIN ROAD  
WALKER, LA 70785

Operator ID: 11294  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY T STALLINGS  
2029 SOUTH GLENCOVE LANE  
TERRYTOWN, LA 70056

Operator ID: 17906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT J STAMM  
6210 CATINA ST  
NEW ORLEANS, LA 70124

Operator ID: 28337  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

EUGENE E STANSON  
821 E LEXINGTON AVE  
GRETNA, LA 70121

Operator ID: 39550  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RICHARD STANWOOD  
12971 CHANELLE CT  
NEW ORLEANS, LA 70128

Operator ID: 35410  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD G STAPLES  
241 BEULAH ROAD  
CALHOUN, LA 71225

Operator ID: 11822  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DOYLE D STEADMAN  
803 WHITFIELD DRIVE  
NATCHITOCHEs, LA 71457

Operator ID: 11104  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MERRILL T STEEL  
1025 PERRY STREET  
GRETNA, LA 70053

Operator ID: 9740  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RONNY E STEELE  
124 MEADOW WOOD  
JENA, LA 71342

Operator ID: 4246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

WILLIAM A STEGALL  
POST OFFICE BOX 790  
DENHAM SPRINGS, LA 70810

**Operator ID: 7758**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SUSAN L STEGALL  
POST OFFICE BOX 790  
DENHAM SPRINGS, LA 70727

Operator ID: 7793  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RONNIE P STEIB, JR  
22710 HIGH RIDGE DR  
VACHERIE, LA 70090

Operator ID: 42893  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH D STELLY  
461 LONGWOOD DR  
OPELOUSAS, LA 70570

Operator ID: 30987  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ALLYSON C STELLY  
4016 MIRE HIGHWAY  
RAYNE, LA 70578

Operator ID: 37658  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RONALD D STELLY  
16724 NANSON RD  
ABBEVILLE, LA 70510

Operator ID: 4249  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

EDDIE T STELLY  
1482 HWY 361  
WASHINGTON, LA 70589

Operator ID: 8686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHANE STELLY  
7910 LA HWY 343  
MAURICE, LA 70555

Operator ID: 9445  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FREDRICK D STEMLEY  
2229 JOLIET ST  
NEW ORLEANS, LA 70118

Operator ID: 32886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LAWRENCE P STEPHAN  
389 FAIRWAY DR  
LAPLACE, LA 70068

Operator ID: 37887  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRUCE STEPHANY  
128 WANDA ST  
LULING, A 70070

Operator ID: 4252  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JERRICK S STEPHENS  
3025 MEADOW AVE  
SHREVEPORT, LA 71108

Operator ID: 10806  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID W STEPHENS  
14905 KNOX FERRY RD  
BASTROP, LA 71220-8064

Operator ID: 36448  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JACOB R STEPHENS  
427 SOUTHWEST ST  
MORGAN CITY, LA 70380

Operator ID: 38612  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JERRY W STEPHENS  
852 POLEMAN RD  
SHREVEPORT, LA 71107

Operator ID: 5402  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD R STEPHENS  
12950 US 61 N  
ST FRANCISVILLE, LA 70775

Operator ID: 6226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JIMMY G STEPHENSON  
316 EAST DIXIE STREET  
OAKDALE, LA 71463

Operator ID: 8366  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH STERLING  
202 IDAHO DR  
MONROE, LA 71202

Operator ID: 13968  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN K STEVENS  
130 SPARTAN LOOP  
SLIDELL, LA 70458

Operator ID: 12013  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES W STEVENS  
P. O. BOX 1352  
JENA, LA 71342

Operator ID: 25891  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL S STEVENS  
117 ANN LANE  
ST ROSE, LA 70087

**Operator ID: 4263**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
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INVOICE

DERRICK J STEVENSON  
PO BOX 404  
MOREAUVILLE, LA 71355

Operator ID: 42305  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL A STEVENSON  
P O BOX 7201  
MONROE, LA 71211

Operator ID: 43852  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWIN STEWARD, JR  
PO BOX 11401  
NEW IBERIA, LA 70562

Operator ID: 6769  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MELVIN S STEWART  
P O BOX 26  
DOYLINE, LA 71023

Operator ID: 27774  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THEODORE A STEWART  
1246 ADMIRAL NELSON DR  
SLIDELL, LA 70461

Operator ID: 4265  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM W STEWART, JR  
3280 STAKES RD  
CROWLEY, LA 70526-0951

Operator ID: 4271  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES E STEWART, JR  
30145 NORTH CORBIN RD  
WALKER, LA 70785

Operator ID: 45834  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MALCOLM STEWART  
4911 GOOD DR  
NEW ORLEANS, LA 70127

**Operator ID: 46140**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JODY W STEWART  
P O BOX 657  
LIVINGSTON, LA 70754

Operator ID: 5730  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RANDAL J STILES  
5178 PINE ST  
ST FRANCISVILLE, LA 70775

Operator ID: 45076  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JERRY A STILES  
543 MARTHA WOODS ROAD  
HEFLIN, LA 71039

Operator ID: 9099  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

SHAWN M STINNETT  
P.O. BOX 507  
DES ALLEMANS, LA 70030

**Operator ID: 32066**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLARENCE R STINSON  
782 NEW ZION RD  
WINNSBORO, LA 71295

Operator ID: 6067  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HARRY W STOCKDILL, JR  
1023 4TH STREET  
MORGAN CITY, LA 70380

Operator ID: 4275  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TOMMY R STOCKMAN  
636 CYPRESS CREEK ROAD  
OAKDALE, LA 71463

Operator ID: 7549  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GEORGE W STOKES, JR  
122 ERIKA DR  
LAFAYETTE, LA 70506

Operator ID: 10912  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD D STOKES, JR  
3906 BORDEAUX DR  
SHREVEPORT, LA 71108

Operator ID: 12240  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAYMOND STOKES  
PO BOX 6715  
NEW ORLEANS, LA 70174

Operator ID: 7501  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREGORY K STOKLEY  
38151 WILLOW LAKE EAST AV  
PRAIRIEVILLE, LA 70769

Operator ID: 11387  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GARY J STOUT  
211 VALLEY HILL DR  
WEST MONROE, LA 71291

Operator ID: 42262  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIAM A STRACENER  
184 RIDGE RD LOT 5  
LEESVILLE, LA 71456

**Operator ID: 43853**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEVEN M STRACENER  
908 WEST CLAUDE STREET  
LAKE CHARLES, LA 70605

Operator ID: 5695  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT J STRANGE  
8 BURMA RD  
BALL, LA 71405

Operator ID: 39176  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JIMMY G STRICKLAND, III  
60320 BRYAN RD  
SLIDELL, LA 70459

Operator ID: 42003  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MELISSA A STRICKLAND  
15987 CYPRESS POINT LANE  
FRENCH SETTLEMENT, LA 70733

Operator ID: 45011  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES E STRICKLIN, JR  
110 PECAN LAKE ESTATES  
MONROE, LA 71203

Operator ID: 4289  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES G STRINGER  
792 ZACHARY TAYLOR ROAD  
MANY, LA 71449

Operator ID: 4290  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SCOTT STROHMEYER  
4032 DELERY DR  
MARRERO, LA 70072

Operator ID: 4292  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRY J STRONG  
2350 BELLEVUE  
HAUGHTON, LA 71037

Operator ID: 45672  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RANDIE S STROTHER  
PO BOX 493  
PITKIN, LA 70656

**Operator ID: 46214**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BLAINE L STROTHER  
PO BOX 552  
306 HORSESHOE DR  
ELIZABETH, LA 70638

Operator ID: 47256  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GRADY K STROTHER  
POST OFFICE BOX 269  
OAKDALE, LA 71463

Operator ID: 9742  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARK A STRUBLE  
1423 BRIDLEWOOD DR  
LAKE CHARLES, LA 70615

Operator ID: 37648  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES C STUART  
PO BOX 131  
COLUMBIA, LA 71418

Operator ID: 4294  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DOUGLAS M STUMP  
15926 HWY 157  
BENTON, LA 71006

Operator ID: 17386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIT A STUTES  
7354 HWY 1133  
SULPHUR, LA 70665

Operator ID: 26210  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PATRICK J STUTES  
125 LEROY BREAUX RD  
RAYNE, LA 70578

Operator ID: 4296  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HOMER T SULLIVAN  
615 EAST CAROLINA ST  
PLAIN DEALING, LA 71064

Operator ID: 31866  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARYL SUMMERS  
445 SUMMERS ROAD  
RAYVILLE, LA 71269

Operator ID: 10556  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM A SUMRALL  
7121 CURTIS LN  
LAKE CHARLES, LA 70607

Operator ID: 37649  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SHANNON T SUTTON  
4037 ROBERT ST  
ZACHARY, LA 70791

Operator ID: 10757  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ALLEN J SWAYZE  
1114 CLAIBORNE AVE  
MINDEN, LA 71055

Operator ID: 42874  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM R SWEET  
12722 DARBY DR  
WALKER, LA 70785

Operator ID: 31666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANK A SWETLEDGE  
37301 WALKER NORTH RD  
WALKER, LA 70785

Operator ID: 5587  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEPHEN P SWETLEDGE  
30641 WALKER NORTH RD  
WALKER, LA 70785

Operator ID: 5673  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CALVIN C SWINEA  
1002 NAOMI CT  
SLIDELL, LA 70461

Operator ID: 5143  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLAUDE M SWOPE  
1219 E. HOUSTON RIVER RD  
SULPHUR, LA 70663

Operator ID: 11314  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAKOTA J SWOPE  
1219 E HOUSTON RIVER RD  
SULPHUR, LA 70663

Operator ID: 44373  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLIAM B SYKES  
2186 HWY 477  
NATCHITOCHEs, LA 71457

Operator ID: 40142  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LEWIS J SYKES, JR  
1221 VILLAGGIO BLVD  
BOSSIER CITY, LA 71111

Operator ID: 44497  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

RODNEY SYLVE  
4000 HWY 59  
MANDEVILLE, LA 70471

Operator ID: 18009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

PATRICK J SYLVE  
P.O. BOX 92  
PORT SULPHUR, LA 70083

Operator ID: 24886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BENNY E SYLVEST  
357 WREN RD  
DERIDDER, LA 70634

Operator ID: 4316  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BRIAN J TABOR  
POST OFFICE BOX 712  
AMELIA, LA 70340

Operator ID: 4321  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RAY P TALBERT  
4644 CAMELOT DRIVE  
NEW ORLEANS, LA 70127

Operator ID: 4325  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NICHOLAS C TALBOT  
300(A) NORTH THOMSON AVE  
IOWA, LA 70647

Operator ID: 45822  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TODD A TALBOT  
1101 LOBDELL AVE  
BATON ROUGE, LA 70806

Operator ID: 9767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KERT D TALLEY  
212 DAYNA DR  
CARENCRO, LA 70520

Operator ID: 42785  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SANDY R TANKERSLEY  
40 HOOD BLVD  
FLORIEN, LA 71429

Operator ID: 12854  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH S TANNER  
1285 ANTIOCH RD  
HOUMA, LA 71040

Operator ID: 11296  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SEARS V TANNER  
175 LAKEVIEW DR  
LEESVILLE, LA 71446

Operator ID: 8693  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WADE P TARRENCE  
PO BOX 92  
POINTE-A-LA-HACHE, LA 70082

Operator ID: 4339  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

BERNELL TASSIN  
P O BOX 2823  
RESERVE, LA 70084

Operator ID: 27426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEFFREY P TASSIN  
1860 FAUSTINE COURT  
LUTCHER, LA 70071

Operator ID: 4341  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

FERRIS TASTET  
203 ELDERBERRY DR  
LULING, LA 70070

Operator ID: 8475  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JANAYE D TATE  
3136 LANCELOT DR  
BATON ROUGE, LA 70816

Operator ID: 32029  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANNY E TATE  
12175 REID ROAD  
AMITE, LA 70422

Operator ID: 42675  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KYLE J TAYLOR  
669 OSCAR RIVETTE ROAD  
ARNAUDVILLE, LA 70512

Operator ID: 10625  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LATEEF T TAYLOR  
701 FRED LOOP  
ALEXANDRIA, LA 71302

Operator ID: 11297  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JASON D TAYLOR  
14820 TOWN DRIVE  
BATON ROUGE, LA 70810

**Operator ID: 12036**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JEFFERY L TAYLOR  
3 HARMON RD  
SULPHUR, LA 70663

**Operator ID: 19226**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KENYA T TAYLOR  
2123 WOODLAND CT  
PORT ALLEN, LA 70767

Operator ID: 27909  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEROME TAYLOR  
2013 S. SARATOGA  
NEW ORLEANS, LA 70113

Operator ID: 35391  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TRAVIS W TAYLOR  
20816 HWY 40  
BUSH, LA 70431

Operator ID: 35686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL G TAYLOR  
5261 DONAHUE FERRY ROAD  
PINEVILLE, LA 71360

**Operator ID: 35888**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LISA B TAYLOR  
P O BOX 271  
REEVES, LA 70658

Operator ID: 42705  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HUGH M TAYLOR  
2850 GARDERE LANE  
BATON ROUGE, LA 70820

Operator ID: 4349  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEITH E TAYLOR  
44185 FERN ST  
HAMMOND, LA 70403

Operator ID: 5921  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PATRICK W TAYLOR  
134 STANLEY ROAD  
STONEWALL, LA 71078

Operator ID: 8215  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN W TAYLOR  
907 WEST OLIVE ST  
WEST MONROE, LA 71292

Operator ID: 9744  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TREY TELANO  
PO BOX 7237  
MONROE, LA 71211

Operator ID: 10941  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

CHRISTOPHER A TELANO, JR  
2831 HWY 34  
WEST MONROE, LA 71292

Operator ID: 37727  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

DAVID J TEMPANARO  
59100 POSTELL AVE  
PLAQUEMINE, LA 70764

**Operator ID: 41162**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARYL J TEMPANARO  
17662 GRAY MOSS AVE  
BATON ROUGE, LA 70817

Operator ID: 44439  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

HENRY M TEMPLET  
PO BOX 163  
LABADIEVLE, LA 70372

Operator ID: 4364  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DARREN M TERRITA  
125 PLEASANT VALLEY  
DES ALLEMANS, LA 70030

Operator ID: 4370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

KENNETH L TERRY  
717 REX POOLE ROAD  
HARRISONBURG, LA 71340

Operator ID: 6467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HERMAN W THEODORE  
716 CARROLLWOOD VILLAGE  
APT 50  
NEW ORLEANS, LA 70056

Operator ID: 7720  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

CRAIG J THERIOT  
1047 DEVILLIER STREET  
HENDERSON, LA 70517

Operator ID: 25908  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WILLIAM G THERIOT  
4949 VEROT SCHOOL RD  
YOUNGVILLE, LA 70592

Operator ID: 27526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

KIMBERLY THERIOT  
17826 WEST LA HWY 82  
ABBEVILLE, LA 70510

Operator ID: 36194  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NICOLE M THERIOT  
107 COLYELL DR  
HOUMA, LA 70363

Operator ID: 47480  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRANDON G THERIOT  
1424 AVE D  
MARRERO, LA 70072

Operator ID: 47812  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

IVY R THERIOT  
628 MARMANDE STREET  
HOUMA, LA 70363

Operator ID: 5043  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KONRAD L THERIOT  
PO BOX 150  
MAIL ROUTING BLDG 8010  
BATON ROUGE, LA 70817

Operator ID: 7647  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WARREN J THERIOT  
POST OFFICE BOX 150  
MAIL ROUTING BLDG 8010  
PLAQUEMINE, LA 70765-0150

Operator ID: 8500  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SCOTT A THIBODAUX  
108 EMERALD PARK DR  
THIBODAUX, LA 70301

Operator ID: 10327  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARY N THIBODAUX  
316 PATTERSON ST  
HOUMA, LA 70363

Operator ID: 4383  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JESSIE THIBODAUX  
316 PATTERSON ST  
HOUMA, LA 70363

Operator ID: 46432  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WAYNE P THIBODEAUX, JR  
3906 DAVIS ROAD  
NEW IBERIA, LA 70560

Operator ID: 10664  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WAYNE J THIBODEAUX  
POST OFFICE BOX 990  
GRAY, LA 70359

Operator ID: 11298  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL THIBODEAUX  
2511 GLENLEA STREET  
LAKE CHARLES, LA 70605

**Operator ID: 11889**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

COREY THIBODEAUX  
1686 L'ANSE AUK PAILLES  
VILLE PLATTE, LA 70586

Operator ID: 27347  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BRANDON S THIBODEAUX  
9622 BARATARIA BLVD  
MARRERO, LA 70072

**Operator ID: 42786**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CURTIS J THIBODEAUX  
2940 SOUTH FIELDSPAN ST  
DUSON, LA 70529

Operator ID: 4386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

AUGUST THIBODEAUX  
2940 SOUTH FIELDSPAN ST  
DUSON, LA 70529

Operator ID: 4389  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

STEVEN M THIBODEAUX  
910 OLGA STREET  
RAYNE, LA 70578

Operator ID: 4394  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SCOTT A THIBODEAUX  
239 N BARRIOS STREET  
LOCKPORT, LA 70374-2203

Operator ID: 4400  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

ROSS G THIBODEAUX  
PO BOX 912  
GLENMORA, LA 71433

**Operator ID: 44332**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BLANE C THIBODEAUX  
2940 SOUTH FEILDSPAN ROAD  
DUSON, LA 70529

Operator ID: 5209  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL THIBODEAUX  
6014 N UNIVERSITY  
CARENCRO, LA 70520

**Operator ID: 5594**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRENT A THIBODEAUX  
407 LAUREN DRIVE  
SCOTT, LA 70583

Operator ID: 8519  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GRADY L THIGPEN  
31391 HWY 36  
LACOMBE, LA 70445

Operator ID: 4406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRYAN B THOMAS  
511 LAKESIDE DE  
MONROE, LA 71203

Operator ID: 10335  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SIDNEY J THOMAS, JR  
1039 EAGLE STREET  
FRANKLIN, LA 70538

Operator ID: 11486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

HERBERT R THOMAS  
3410 SEVERN AVE APT 607  
METAIRIE, LA 70002-6508

Operator ID: 11534  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LARRY R THOMAS  
16464 LONG LAKE DR.  
PRAIRIEVILLE, LA 70769-4294

Operator ID: 12185  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRANCE J THOMAS  
3809 DEERRUN LN  
HARVEY, LA 70058

Operator ID: 16226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ARTHUR M THOMAS  
14236 INTREPID ST  
NEW ORLEANS, LA 70120

Operator ID: 20418  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LETTYE D THOMAS  
925 10TH ST  
FRANKLIN, LA 70538

Operator ID: 27048  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL D THOMAS  
3668 PLANTATION RIDGE  
ADDIS, LA 70710

Operator ID: 31526  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CYNTHIA D THOMAS  
13624 CYPRESS RIDGE AVE  
BATON ROUGE, LA 70817

Operator ID: 31710  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENYA D THOMAS  
PO BOX 2  
INDEPENDENCE, LA 70443

Operator ID: 32030  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREGORY G THOMAS  
756 W PLAINS-PORT HUDSON  
ZACHARY, LA 70791

Operator ID: 38190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEROND D THOMAS  
PO BOX 2235  
RUSTON, LA 71273

Operator ID: 41324  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JUSTIN L THOMAS  
3921 MARTHA ST  
SHREVEPORT, LA 71109

Operator ID: 42493  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

CHARLES M THOMAS  
PO BOX 230  
HEFLIN, LA 71039

**Operator ID: 4422**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN L THOMAS  
9165 SAN LO DRIVE  
BATON ROUGE, LA 70815

Operator ID: 4427  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DWAYNE C THOMAS  
663 MICHEAL ST  
MARRERO, LA 70072

**Operator ID: 8412**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DARRELL L THOMAS  
3611 FREDERICK ST  
SHREVEPORT, LA 71109

Operator ID: 9000  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAUL W THOMASSIE  
43043 WEBER CITY RD  
GONZALES, LA 70737

Operator ID: 47392  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL L THOMPSON  
40413 EMMY AVENUE  
PRAIRIEVILLE, LA 70769

Operator ID: 10761  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM H THOMPSON  
P.O. BOX 514  
JUNCTION CITY, LA 71749

Operator ID: 13970  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KOI M THOMPSON  
374 NW 2ND STREET  
RESERVE, LA 70084

Operator ID: 42892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT L THOMPSON  
3104 TERRACE AVENUE  
SLIDELL, LA 70458

Operator ID: 4434  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ADAM THOMPSON  
39140 HWY 929  
PRAIRIEVILLE, LA 70769

Operator ID: 4438  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERRY L THOMPSON  
2020 NORTH HEARNE AVE  
APT. 404  
SHREVEPORT, LA 71107

Operator ID: 4440  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM M THOMPSON, JR  
PO BOX 1811  
HAMMOND, LA 70404

Operator ID: 4441  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BENJAMEN H THOMPSON  
31308 LA HWY 43  
ALBANY, LA 70711

Operator ID: 45513  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TODD C THOMPSON, SR  
2051 OAKCLIFF DR  
BATON ROUGE, LA 70810

Operator ID: 46892  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TOMMY L THOMPSON  
13415 HWY. 4  
BIENVILLE, LA 71008

Operator ID: 6469  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID M THOMPSON  
10427 HWY 8  
COLFAX, LA 71417

Operator ID: 7301  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WESLEY THOMPSON  
53125 OLD UNEEDUS ROAD  
FOLSOM, LA 70437

**Operator ID: 9746**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GREGORY S THORN  
POST OFFICE BOX 228  
GEISMAR, LA 70734

Operator ID: 9632  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

MICHAEL L THORNTON  
POST OFFICE BOX 181  
ZACHARY, LA 70791

Operator ID: 10763  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES M THRASHER  
114 BARNES DAIRY ROAD  
WEST MONROE, LA 71291

Operator ID: 37008  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BYRON H THRONSON  
3212 LOREAUVILLE RD  
NEW IBERIA, LA 70563

Operator ID: 7648  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SAMUEL M THURMON  
660 BUD FARRAR ROAD  
LILLIE, LA 71256

Operator ID: 9004  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CURTISS W THURSTON  
5730 LAKE SHADOW DR  
BATON ROUGE, LA 70817

Operator ID: 38270  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GERALD TILTON  
2408 E. SUNNY MEADE DR  
HARVEY, LA 70058

Operator ID: 4450  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMIE R TIMBERLAKE  
510 ATEs RD  
PINEVILLE, LA 71360

Operator ID: 10584  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LARRY M TIMERDING  
6113 KATHY LN  
SHREVEPORT, LA 71105

Operator ID: 44581  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MICHAEL E TIMMONS  
2943 CVOC RD  
SAREPTA, LA 71071

Operator ID: 8701  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

NATHAN M TIMMONS  
2946 CVOC RD  
SAREPTA, LA 71071

**Operator ID: 8702**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TRENT A TINSON, SR  
PO BOX 282  
POINTE-ALA-HACHE, LA 70082

Operator ID: 4453  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MELVIN A TOALSTON, JR  
127 CROOM ST  
MOORINGSPORT, LA 71060

Operator ID: 10675  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JAMES D TOLBERT  
POST OFFICE BOX 71  
DEVILLE, LA 71328-0071

**Operator ID: 6339**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LISA T TONEY  
PO BOX 246  
NEW LLANO, LA 71461

Operator ID: 39190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANIEL L TONEY  
P O BOX 246  
NEW LLANO, LA 71461

Operator ID: 39210  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TODD A TORREGANO  
28490 OAK KNOLL ROAD  
ABITA SPRINGS, LA 70420

Operator ID: 10935  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOEL A TORRES  
158 THOROUGHbred  
LAPLACE, LA 70068

Operator ID: 27427  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NATHAN J TORTORICH  
1211 FEDERAL AVE  
MORGAN CITY, LA 70380

Operator ID: 6169  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEREMY W TOUCHET  
11515 GERILYN DR  
ERATH, LA 71533

Operator ID: 36483  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAVID P TOUPS  
1947 JEAN LAFITTE BLVD  
LAFITTE, LA 70067

Operator ID: 13906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

PROSPER J TOUPS, JR  
513 FORREST BLVD  
HOUMA, LA 70360

Operator ID: 4474  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN TOWNSEND  
SHELL CHEMICAL LP  
7594 HWY 75  
GEISMAR, LA 70734

Operator ID: 28186  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JON K TOWNSEND  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

Operator ID: 7612  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DONALD J TRABEAUX, JR  
PO BOX 622 BRAUD ST  
SORRENTO, LA 70778

Operator ID: 42788  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GERALD L TRAHAN  
2639 MILLER AVENUE  
WESTLAKE, LA 70669

Operator ID: 10972  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAMON J TRAHAN  
7151 WILSON ROAD  
MAURICE, LA 70555

Operator ID: 11799  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

DAVID M TRAHAN  
P O BOX 922  
LAKE ARTHUR, LA 70549

**Operator ID: 16566**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRENT F TRAHAN  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

Operator ID: 24915  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSEPH E TRAHAN  
1004 TWIN OAKS DR  
ARNAUDVILLE, LA 70512

Operator ID: 5196  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARY V TRAHAN  
PO BOX 145  
BOURG, LA 70343

Operator ID: 5340  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN K TRAHAN  
157 BURLESON  
SULPHUR, LA 70665

Operator ID: 6470  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANDY TRAHAN  
100 UTOPIA  
DUSON, LA 70529

Operator ID: 7390  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HIEP V TRAN  
715 WINDING WILLOWS  
BOSSIER, LA 71111

Operator ID: 17446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

TROY A TRANCHANT  
336 PELLERIN DRIVE  
KENNER, LA 70065

Operator ID: 5963  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAWRENCE W TRAVERS  
42479 ALEX LN  
PONCHATOULA, LA 70454

Operator ID: 43856  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM L TRAVIS  
1905 W THOMAS ST  
D163  
HAMMOND, LA 70401

Operator ID: 11300  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOSHUA I TREGRE  
1603 ST MARY  
THIBODAUX, LA 70301

Operator ID: 40324  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RANDY J TRICHE  
283 BLUE BAYOU LN  
HOUMA, LA 70364

Operator ID: 10665  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ANTRENA F TRIMBLE  
241 BLANCHARD ST  
APT 6203  
WEST MONROE, LA 71291

Operator ID: 49774  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

**INVOICE**

JAWANDA L TRIMONT  
2920 ORLEANS AVE  
NEW ORLEANS, LA 70119

**Operator ID: 31066**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

STEVEN D TROMBLAY  
706 ST PAUL AVE  
OPELOUSAS, LA 70570

**Operator ID: 44932**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KYLE P TROSCLAIR  
43501 BAYOU NARCISSE  
GONZALES, LA 70737

Operator ID: 10986  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD TROTTER  
7660 WAVE DR  
NEW ORLEANS, LA 70128

Operator ID: 8376  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHAD M TROUT  
PO BOX 712  
KENTWOOD, LA 70444

Operator ID: 34426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

CHAD M TROXCLAIR  
114 BEAU PLACE BLVD  
DES ALLEMANS, LA 70030

Operator ID: 8479  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

BRYANT J TROXLER  
43233 SYCAMORE BEND AVE  
GONZALES, LA 70737

Operator ID: 27428  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JACOB O TROXLER  
104 AOUEDUCT DR  
MONTZ, LA 70068

**Operator ID: 42303**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONDI C TROXLER  
207 BEAU PLACE  
DESALLEMANDS, LA 70030

Operator ID: 4511  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ANGELA D TROXLER  
207 BEAU PLACE BLVD  
DES ALLEMANS, LA 70030-3447

**Operator ID: 6293**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS W TUCK  
755 OLD HIGHWAY  
MANSFIELD, LA 71052

Operator ID: 4514  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH C TUCKER  
4520 SCARBOROUGH DR  
BATON ROUGE, LA 70814

Operator ID: 31087  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ADRIANNE A TUCKER  
4404 CANAL ST. APT 112  
LAKE CHARLES, LA 70605

Operator ID: 40446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM J TULLIER, II  
4638 RAYMOND LAHAUVE RD  
BRUSLY, LA 70764

Operator ID: 37815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

NELSON L TUMLINSON  
11894 HWY 1  
LAROSE, LA 70373

Operator ID: 44555  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BOBBY J TUNWAR  
2114 LINDA DR  
WESTLAKE, LA 70669

Operator ID: 1335  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

DAVID J TURNAGE  
405 CHARLES COURT  
SLIDELL, LA 70458

**Operator ID: 10780**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

PATRICK G TURNAGE  
213 HAVENS RD  
ELMER, LA 71424-8706

Operator ID: 25912  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DONALD S TURNAGE  
443 LAGONDA ST  
MORGAN CITY, LA 70380

Operator ID: 4523  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

JOHN R TURNAGE  
280 HARPER ROAD  
HINESTON, LA 71438

Operator ID: 4524  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD V TURNER  
2817 HWY 361  
EVERGREEN, LA 71333

Operator ID: 11111  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

WENDELL K TURNER  
PO BOX 166  
PORT SULPHUR, LA 70083

Operator ID: 11156  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LATOYA A TURNER  
625 HERALD ST  
NEW ORLEANS, LA 70131

Operator ID: 20419  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHARDRICK D TURNER  
4519 CHURCHHILL CIR  
MONROE, LA 71203

Operator ID: 24606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN T TURNER  
9458 WALTER SMITH ROAD  
NEW ROADS, LA 70760

Operator ID: 30647  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KYLE D TURNER  
17502 LAKE CT  
GREENWELLSPRINGS, LA 70739

Operator ID: 33006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID E TURNER  
14454 CARIBBEAN DR  
GONZALES, LA 70737

Operator ID: 44394  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JIMMY D TURNER  
1827 DORIS ST  
SHREVEPORT, LA 71108

Operator ID: 45192  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ANTHONY TURNER  
POST OFFICE BOX 1298  
PORT SULPHUR, LA 70083

Operator ID: 4525  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RONALD R TURNER  
35 W ELMWOOD  
MONROE, LA 71202

Operator ID: 5081  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JESSE L TURNER  
62 SCARBROCK LANE  
OTIS, LA 71466

Operator ID: 6145  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROSS B TURPIN  
260 ARTHUR VINCENT RD  
SULPHUR, LA 70665-7900

Operator ID: 13073  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TIFFANY K TUVELL  
721 MILLER  
SULPHUR, LA 70663

Operator ID: 32226  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DENNIS R TWEEDY  
4328 IDLEWILD ROAD  
CLINTON, LA 70722

Operator ID: 4535  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAREYL D TYLER  
67 NATION ROAD  
DEVILLE, LA 71328

Operator ID: 31067  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LUKE E TYLER  
2006 CHALONA APT 3B  
CHALMETTE, LA 70043

Operator ID: 42362  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID K TYLER  
211 PAULETTE ST  
HOUMA, LA 70364

Operator ID: 4536  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CALVIN J TYLER  
558 AVENUE A  
OPELOUSAS, LA 70570

Operator ID: 4537  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAUL F TYNES  
474 LAIRD FLETCHER RD  
NATCHITOCHEs, LA 71457

Operator ID: 4540  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK M TYNES  
520 LAIRD FLETCHER RD  
NATCHITOCHEs, LA 71457

Operator ID: 5887  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LARRY D UECKERT  
600 LOGGERHEAD  
MANY, LA 71449

Operator ID: 46715  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TIMOTHY W ULMER  
616 HWY 610  
WINNSBORO, LA 71295

Operator ID: 11824  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIAM T ULMER  
227 JACKSON LN  
GILBERT, LA 71336

**Operator ID: 7924**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN A UMANZOR  
301 N CUMBERLAND ST  
METAIRIE, LA 70003

Operator ID: 47276  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DOUGLAS C UPSHAW, JR  
792 BETHEL CHURCH ROAD  
LILLIE, LA 71256

Operator ID: 45826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JONATHAN N USSERY  
1201 GIRAD ST  
MANDEVILLE, LA 70448

Operator ID: 40425  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT J UTLEY  
525 ELEVENTH STREET  
WESTWEGO, LA 70094

Operator ID: 4547  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DERIL T VALDERY  
4850 CITRUS DR  
NEW ORLEANS, LA 70127

Operator ID: 36172  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PATRICIA A VALEGA  
16070 BLUFF ROAD  
PRAIRIEVILLE, LA 70769

Operator ID: 4550  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

PARRISH C VALEGA  
PO BOX 569  
DIVERSION WATER COMPANY  
PRAIRIEVILLE, LA 70769

Operator ID: 4551  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEPHEN K VALIN  
13217 DORSET AVE  
BATON ROUGE, LA 70818

Operator ID: 7753  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ORVILLE J VALLET  
P O BOX 906  
LIVONIA, LA 70755

Operator ID: 5115  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

DEREK W VAN NORMAN  
PO BOX 1826  
KINDER, LA 70648

**Operator ID: 8706**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARION E VAN TASSEL  
2839 LILIEDAHL RD  
DERIDDER, LA 70634

Operator ID: 4559  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLAY A VAN VECKHOVEN  
23430 BOSS MCNABB ROAD  
LIVINGSTON, LA 70754-5201

Operator ID: 7639  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOSEPH C VANMARCKE  
POST OFFICE BOX 1053  
THIBODAUX, LA 70301

Operator ID: 4980  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER PRODUCTION 4	20.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

LEONARD F VANOSS  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 4558**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GLORIA J VANTREE  
POST OFFICE BOX 338  
BOYCE, LA 71409

Operator ID: 7039  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN R VANZANT  
137 VANZANT ST  
MANSFIELD, LA 71052

Operator ID: 34806  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLINTON C VAUGHN  
20590 WALKER SOUTH RD  
DENHAM SPRINGS, LA 70726-7620

Operator ID: 33066  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NORA J VAUGHN  
1770 CR 3340  
JOAQUIN, TX 75954

Operator ID: 5052  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ELBERT VAUGHN, JR  
1436 GRACE AVE  
NATCHITOCHEs, LA 71457

Operator ID: 6281  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID R VEAZEY  
9398 PORRIER RD  
ST AMANT, LA 70771

Operator ID: 36197  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JILL M VEILLION  
826 ARKANSAS ST  
MORGAN CITY, LA 70380

Operator ID: 10766  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KIRK P VENABLE  
502 KEVIN DRIVE  
LAFAYETTE, LA 70507

Operator ID: 4573  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KEVIN P VERDIN, SR  
PO BOX 966  
BALDWIN, LA 70514

Operator ID: 48652  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RUSIEVELT VESSEL, JR  
P O BOX 212  
GEISMAR, LA 70734

Operator ID: 26229  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DONALD G VEST  
4618 WILSHIRE LN  
SULPHUR, LA 70665

Operator ID: 36671  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CORY M VIAL  
417 EVANGELINE RD  
MONTZ, LA 70068

Operator ID: 37228  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Office of Public Health  
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INVOICE

LEON F VIAL  
116 MIMOSA AVENUE  
LULING, LA 70070

Operator ID: 7925  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JARED S VIANO  
3522 NIKKI LYNN DR  
BOSSIER CITY, LA 71112

Operator ID: 47674  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL J VIATOR  
2565 BUSHNELL RD  
LAKE CHARLES, LA 70611

Operator ID: 36681  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DANA B VIATOR  
4010 STELLY RD  
NEW IBERIA, LA 70560

Operator ID: 4581  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DEVEN J VICE  
3383 N HWY 27  
SULPHUR, LA 70663

Operator ID: 40942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TERRY J VICE  
1611 STEVENSON ST  
VINTON, LA 70668

Operator ID: 7305  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT E VICKNAIR  
39241 ROSARYVILLE RD  
PONCHATOULA, LA 70454

Operator ID: 24748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

AARON VICKNAIR  
P O BOX 392  
LUTCHER, LA 70071

Operator ID: 36519  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH J VICKNAIR  
200 EAST 12TH EXTENSION  
RESERVE, LA 70084

Operator ID: 38590  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CARL J VICKNAIR, JR  
18785 LAKE HARBOR LANE  
PRAIRIEVILLE, LA 70769

Operator ID: 40303  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRISTOPHER VICKNAIR  
2045 COLONIAL DR  
LAPLACE, LA 70068

Operator ID: 4588  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ZANE P VICTORIAN  
PO BOX 254  
WESTLAKE, LA 70669

Operator ID: 25926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 2	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

AL K VIDRINE  
14024 CAMPISI DRIVE  
ABBEVILLE, LA 70510

Operator ID: 7750  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LEX D VIERGE  
219 MARK ST  
DES ALLEMANS, LA 70030

Operator ID: 46938  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN E VIGE  
298 HOLBROOK PARK RD  
DEQUINCY, LA 70633

Operator ID: 5388  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GABRIEL J VIGO  
4133 HARVARD ST  
LAKE CHARLES, LA 70607

Operator ID: 28589  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

TROY S VILARDO  
2026 MUSKRAT RD  
MORSE, LA 70559

**Operator ID: 30046**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SCOTT A VILLAR  
5551 CORPORATE BLVD  
STE 200  
BATON ROUGE, LA 70808

Operator ID: 44752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

MICHAEL C VILLAR  
51318 SIMMONS RD  
LORANGER, LA 70446

**Operator ID: 46712**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TYLER M VINCENT  
165 BELVIEW LN  
LEESVILLE, LA 71446

Operator ID: 44334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN W VINCENT  
2839 ALLEN RD  
MAURICE, LA 70555

Operator ID: 4606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ISAAC T VINCENT, JR  
P O BOX 265  
ANGOLA, LA 70712

Operator ID: 6211  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

THOMAS A VINES, JR  
715 OUAIL RD  
CONVERSE, LA 71419

Operator ID: 11748  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ERIC N VINNETT  
217 TURTLE CREEK LN  
ST ROSE, LA 70087

Operator ID: 35586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DAVID W VINSON  
88 RIVER BLUFF DR  
MADISONVILLE, LA 70447

Operator ID: 4615  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LEONARD VIRDURE, JR  
4464 WASHINGTON AVENUE  
BATON ROUGE, LA 70802

Operator ID: 4616  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN VITRANO  
3013 DE BOUCHEL BLVD  
MERAUX, LA 70075

Operator ID: 10781  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PERCY A VOISIN  
1401 MAXINE STREET  
HOUMA, LA 70363

Operator ID: 5678  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

PAUL A VONDENSTEIN  
305 KATHY DR  
RAYNE, LA 70578

Operator ID: 33086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRAD G VOSBURGH  
921 KEMPER ROAD SOUTH  
FRANKLIN, LA 70538

Operator ID: 35086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMIE D WADDELL  
25116 DELAUNE RD  
LORANGER, LA 70446

Operator ID: 24848  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLINTON P WAGUESPACK  
12306 RIVER HIGHLANDS DR  
ST AMANT, LA 70774

Operator ID: 14250  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JADE M WAGUESPACK  
601 PINE ST  
THIBODAUX, LA 70301

Operator ID: 40423  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TREY A WAGUESPACK  
PO BOX 2768  
HOUMA, LA 70361

Operator ID: 44081  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

LICENSE TYPE

2016 - 2017 BIENNIAL FEE

WASTEWATER COLLECTION 1

20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DALE J WAGUESPACK  
409 NORTH PINE AVENUE  
GRAMERCY, LA 70052

Operator ID: 7749  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

KENNETH R WAINWRIGHT  
305 NORTH GIROUARD  
BROUSSARD, LA 70518

**Operator ID: 11750**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES C WALDON  
231 NATION RD  
DEVILLE, LA 71328

Operator ID: 6138  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

RHONDA C WALDROP  
2256 CAROLYN AVE  
DENHAM SPRINGS, LA 70726

Operator ID: 21306  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HERBERT WALK, III  
1600 TEXAS AVE  
MONROE, LA 71201

Operator ID: 33106  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

MICHAEL K WALKER  
PO BOX 1082  
WALKER, LA 70785

Operator ID: 10341  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES L WALKER  
913 OLA ST  
ALEXANDRIA, LA 71303

Operator ID: 10850  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

IVY WALKER, III  
627 EAST JEANETTE  
CROWLEY, LA 70526

Operator ID: 11875  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

**INVOICE**

KUNTA K WALKER  
P.O. BOX 2456  
JENA, LA 71342

**Operator ID: 28969**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WALLACE C WALKER  
44617 TOB WILSON ROAD  
FRANKLINTON, LA 70438

Operator ID: 30329  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WAYNE A WALKER  
115 SPRING STREET  
LAKE CHARLES, LA 70605

Operator ID: 4640  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NEIL R WALKER  
1355 CHAD STREET  
MANDEVILLE, LA 70448

Operator ID: 5114  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

FRED E WALKER  
339 COOPER ROAD  
MERRYVILLE, LA 70653

Operator ID: 6334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTOPHER J WALKER  
159 MC DONALD  
HEFLIN, LA 71039

Operator ID: 8222  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
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INVOICE

SHAWN C WALKER  
148 DURAND ROAD  
ELMER, LA 71424

Operator ID: 8370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LARWIN C WALKER  
POST OFFICE BOX 1194  
BRUSLY, LA 70719

Operator ID: 8501  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICHARD A WALKER  
129 BRICE ROAD  
BIENVILLE, LA 71008

Operator ID: 8711  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CLIFTON O WALKER, JR  
502 WEST 77TH STREET  
SHREVEPORT, LA 71106

Operator ID: 9007  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONALD E WALL  
178 JOHNNY CHEVALLIER RD  
DOWNSVILLE, LA 71234

Operator ID: 39310  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARK D WALLACE  
9317 THAYER AVE  
BATON ROUGE, LA 70810

Operator ID: 20026  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DONALD E WALLACE, II  
8039 FERNWOOD CIRCLE  
HAUGHTON, LA 71037

Operator ID: 40182  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DODY S WALLACE  
460 LEANDER LOOP  
LEANDER, LA 71438

Operator ID: 43412  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

HEATH W WALLACE  
619 ELMER RD  
ELMER, LA 71424

Operator ID: 43872  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN T WALLER, IV  
8762 LAKEEND RD  
MOORINGSPORT, LA 71060

Operator ID: 42711  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL R WALLETTE  
707 PINE ACRES RD  
SHREVEPORT, LA 71107

Operator ID: 6862  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

GRANT R WALSH  
POST OFFICE BOX 108  
LULING, LA 70070

Operator ID: 4645  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES H WALTERS, JR  
16221 PERNECIA AVE  
GREENWELL SPRINGS, LA 70739

Operator ID: 22666  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JANICE J WALTERS  
3640 FOREST PARK LANE  
NEW ORLEANS, LA 70131

**Operator ID: 4648**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KEVIN D WALTERS  
73 HENDERSON ROAD  
FOREST HILL, LA 71430

Operator ID: 8713  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ANNA C WALTMAN  
139 TRACE DR  
RUSTON, LA 71270

Operator ID: 47034  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ERIC J WALTON  
10136 AUTUMN CT  
DENHAM SPRINGS, LA 70726-1818

Operator ID: 25247  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

THOMAS WALTON, CET  
1051 MAYWOOD DRIVE  
DENHAM SPRINGS, LA 70726

Operator ID: 4650  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHAWN D WARD  
10186 RAWLINGS RD  
PRAIRIEVILLE, LA 70769

Operator ID: 11988  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIE E WARD  
P.O. BOX 9265  
MONROE, LA 71211

**Operator ID: 28290**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MICHAEL S WARD, JR  
4014 HWY 8  
POLLOCK, LA 71467

Operator ID: 30426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN P WARD  
5862 GLENWOOD DRIVE  
BATON ROUGE, LA 70806

Operator ID: 5113  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

JAMES H WARDLOW  
116 SMITH AVENUE  
MONROE, LA 71270

**Operator ID: 35206**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEVEN WARE  
2015 PONDEROSA PLACE  
MANDEVILLE, LA 70448

Operator ID: 7725  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EDWARD WARE  
560 GELPI AVE  
JEFFERSON, LA 70121

Operator ID: 8383  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LARRY W WARFIELD  
839 APT -A STANDIFER AVE  
MONROE, LA 71202

Operator ID: 24611  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DENIS R WARING  
19429 LANIER CREEK RD  
LORANGER, LA 70446

Operator ID: 36348  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

HELEN J WARNER WILLIAMSON  
143 DUCHESNE  
EROS, LA 71238

Operator ID: 6280  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BLAKE N WARREN  
77428 ROBINSON RD  
FOLSOM, LA 70437

**Operator ID: 21266**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NAKIA D WARREN  
4967 NW EVANGELINE THWY  
CARENCRO, LA 70520

Operator ID: 39925  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CHRIS P WARREN  
2290 NORTH CROSS DRIVE  
SHREVEPORT, LA 71107

Operator ID: 4660  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

WILLIAM E WARREN  
17492 HWY 631  
DES ALLEMANS, LA 70030

**Operator ID: 6261**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

RICHARD WARREN  
864 JACKSON ROAD  
SIMSBORO, LA 71275

**Operator ID: 8714**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ABIMLISH WASHINGTON  
8005 ARCADIAN SHORES DR  
BOSSIER CITY, LA 71171-5337

Operator ID: 10062  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SCOTT M WASHINGTON  
1943 TENNESSEE ST  
NEW ORLEANS, LA 70117

Operator ID: 35426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

HENRY WASHINGTON, JR  
3663 ALETHA DR  
BATON ROUGE, LA 70814

Operator ID: 42002  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

GEORGE WASHINGTON  
POST OFFICE BOX 6921  
SHREVEPORT, LA 71136

**Operator ID: 5629**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ALCIDE M WASHINGTON  
104 NORTH MANOR DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 7926**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

THOMAS D WASSON  
21211 LIVING WATERS ROAD  
LORANGER, LA 70446

Operator ID: 34686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WILLIAM E WATERS  
4762 DOWD RD.  
COLLINGSTON, LA 71229

Operator ID: 24626  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CLEO WATERS, JR  
9467 WILLOW DRIVE  
BASTROP, LA 71220

Operator ID: 5161  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

AARON R WATKINS  
PO BOX 302  
DRY CREEK, LA 70637

Operator ID: 34586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEFF D WATSON  
6251 SMITH LANE  
SPORT, LA 71107

Operator ID: 10768  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

ARNOLD Q WATSON  
PO BOX 361  
FRANKLIN, LA 70538

Operator ID: 39110  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TORRANCE T WATSON  
508 FIRST  
FRANKLIN, LA 70538

Operator ID: 44435  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JOHN T WATSON  
1105 HWY 602  
TALLULAH, LA 71282

Operator ID: 5540  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

LINDA J WATSON-TASSIN, MS  
617 E MCNEESE ST  
LAKE CHARLES, LA 70607

Operator ID: 1437  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

ROBERT W WATTS  
114 E GILMAN  
LAFAYETTE, LA 70501

Operator ID: 7040  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID C WATTS  
29077 SOUTH RANGE ROAD  
LIVINGSTON, LA 70754

Operator ID: 9905  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID E WAY  
P OBOX 864  
SPRINGHILL, LA 71075-0864

Operator ID: 7617  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOCK WEATHERTON  
256 LONE OAK DRIVE  
SIBLEY, LA 71073

Operator ID: 4686  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

DENNIS L WEBB  
387 BICE RD  
COUSHATTA, LA 71019

Operator ID: 36198  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

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<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ALLEN P WEBER  
P O BOX 1412  
LULING, LA 70070

Operator ID: 16586  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

SEAN C WEBER  
7222 SPRINGLAKE DR  
NEW ORLEANS, LA 70122

Operator ID: 35486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LANCE M WEBER  
3324 MAURA STREET  
PAULINA, LA 70763

Operator ID: 37227  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CLAUDE J WEBRE  
1025 SUGGS RD  
PORT ALLEN, LA 70767

Operator ID: 33126  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

NATHAN P WEBRE  
13394 MARGARET ST  
VACHERIE, LA 70090

Operator ID: 38551  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DARRYL G WEBRE  
1419 RUE RIVIERE  
PORT ALLEN, LA 70767-5897

Operator ID: 44393  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH WEBSTER  
3571 SOMERSET DR  
NEW ORLEANS, LA 70131-7136

Operator ID: 35407  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

WAYNE W WEIDERT, JR  
617 ROCCAFORTE AVE  
GARYVILLE, LA 70051

Operator ID: 27147  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WADE E WEIDMAN  
18250 HILL CROSSING AVE  
BATON ROUGE, LA 70817

Operator ID: 24926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DANIEL K WELBORN  
P.O. BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 12243**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

GLENN A WELCH  
124 PORTIE ROAD  
HACKBERRY, LA 70645

Operator ID: 12190  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JARED S WELCH  
37 BROWNLEE RD  
HINESTON, LA 71438

Operator ID: 25929  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

PENNY G WELCH  
20741 HWY 167  
DRYPRONG, LA 71423

Operator ID: 46847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TRACY A WELLS  
167 BUNDRICK RD  
SHREVEPORT, LA 71115

Operator ID: 17486  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES A WELLS  
365 BYAS RD  
ARCADIA, LA 71001

Operator ID: 18566  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

MICHAEL A WELLS  
41435 GRESSETT ROAD  
PRAIRIEVILLE, LA 70769

**Operator ID: 7641**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LEE N WELLS  
1393 SPRING LAKE ROAD  
HOMER, LA 71040

Operator ID: 9361  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LINDA G WELSH  
1216 STRAIT DR  
SULPHUR, LA 70665

Operator ID: 43273  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHRISTINA WELTER  
P.O. BOX 897  
ROBERT, LA 70455

Operator ID: 28333  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JAMES B WEST  
4219 HELENE STREET  
BOSSIER CITY, LA 71112

Operator ID: 45176  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOSHUA J WEST  
2006 MALLARD ST  
SLIDELL, LA 70460

Operator ID: 45773  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARK S WEST  
1210 SAWMILL ROAD  
VILLE PLATTE, LA 70586

Operator ID: 5755  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DOUGLAS N WESTBERRY  
PO BOX 192  
LIBUSE, LA 71348

Operator ID: 4723  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RAE A WESTERMAN  
PO BOX 61  
RACELAND, LA 70394

Operator ID: 9371  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

CODY L WESTMORELAND  
27230 PATTERSON RD  
SPRINGFIELD, LA 70462

**Operator ID: 13909**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

BRIAN J WESTMORELAND  
14858 MILLEDALE RD  
ZACHARY, LA 70791

**Operator ID: 48673**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

CHARLES F WESTROM  
1561 FRENCHMAN'S BEND RD  
MONROE, LA 71203

Operator ID: 17926  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT W WHATLEY  
811 EAST E STREET  
RAYNE, LA 70578

Operator ID: 37091  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MICHAEL R WHEAT  
29508 FRANK KENNEDY RD  
ANGIE, LA 70426

Operator ID: 4731  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES L WHEELER  
9177 OAKWOOD  
BASTROP, LA 71221

Operator ID: 4735  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEPHANIE P WHELESS  
665 J. ALEXANDER RD  
LOGANSPOUT, LA 71049

Operator ID: 35767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

CARLTON R WHITAKER  
668 BYSON ROAD  
TALLULAH, LA 71282-0000

Operator ID: 7042  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KELVIN Q WHITE  
3804 BUFFWOOD DR  
BAKER, LA 70714

Operator ID: 11753  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Office of Public Health  
Engineering Services

INVOICE

DUTCH WHITE, JR  
PO BOX 823  
FERRIDAY, LA 71334

Operator ID: 19406  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

JEREMY R WHITE  
5680 HWY 3015  
GRAND CANE, LA 71032

Operator ID: 23948  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TREVOR WHITE  
5044 FREY STREET  
BATON ROUGE, LA 70805

Operator ID: 24167  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

AARON WHITE  
3101 ALABAMA STREET  
MONROE, LA 71202

Operator ID: 24627  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TOMMY L WHITE, JR  
37307 TWIN OAKS DRIVE  
DENHAM SPRINGS, LA 70706

Operator ID: 34909  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

BENNIE WHITE, III  
1839 ALLEN ST  
NEW ORLEANS, LA 70116

Operator ID: 35386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GEORGE C WHITE  
PO BOX 380  
PORT ALLEN, LA 70767

Operator ID: 36347  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

TERANCE D WHITE  
1515 DILG LEAGUE DR  
SHREVEPORT, LA 71109

Operator ID: 39331  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRANDON L WHITE  
2263 NELSON DR  
HAYNESVILLE, LA 71038

Operator ID: 40906  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

JOHN A WHITE  
710 LARRY  
ZWOLLE, LA 71486

Operator ID: 46173  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LEONARD J WHITE  
427 SUTTON ST  
UXBRIDGE, MA 01569-1135

Operator ID: 46855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

GEORGE F WHITE, JR  
458 HWY 3101  
JONESVILLE, LA 71343

Operator ID: 4749  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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INVOICE

ROGER WHITE, JR  
207 CYPRESS VILLAGE DR  
HOUMA, LA 70360

Operator ID: 48760  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES D WHITE  
2117 DELACHAISE ST  
NEW ORLEANS, LA 70115

Operator ID: 6080  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

LAVON WHITE  
253 HWY 160  
BENTON, LA 71006

Operator ID: 6116  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JESSE J WHITE, III  
923 SOUTHWESTERN DRIVE  
CEDAR HILL, TX 75104

Operator ID: 6743  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CYNTHIA A WHITE  
1813 BRYN MAWR STREET  
ALEXANDRIA, LA 71301

Operator ID: 7043  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

BENJAMIN P WHITE  
182 WALKER GRAVEL PIT ROA  
DRY PRONG, LA 71423

Operator ID: 7929  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Engineering Services

INVOICE

DAVID N WHITEHEAD  
53347 HWY 424  
FRANKLINTON, LA 70438

Operator ID: 12454  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

GUY F WHITFIELD, JR  
309 FOX CREEK DR  
HAUGHTON, LA 71037-9122

Operator ID: 11787  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
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Engineering Services

INVOICE

CHARLES C WHITNEY  
18180 HWY 585  
OAK GROVE, LA 71263

Operator ID: 9009  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

WILLARD A WHITT  
861 MC DONALD ROAD  
SUGARTOWN, LA 70662

Operator ID: 11785  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JAMES F WICKER  
1760 HWY 549  
MARION, LA 71260

**Operator ID: 31029**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

RYAN P WICKER, DDS  
1046 DELAWARE ST  
SHREVEPORT, LA 71106

Operator ID: 46493  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
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Office of Public Health  
Engineering Services

**INVOICE**

ROBERT C WIDNER  
606 CHANDLER DR  
BALL, LA 71405

**Operator ID: 23946**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DON WILDENFELS  
14 OAKLAND DR  
DESTREHAN, LA 70047

Operator ID: 38463  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DARREN M WILEY  
268 HWY 565  
JONESVILLE, LA 71343

Operator ID: 39942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID J WILKES  
245 BLUEBIRD LANE  
AMITE, LA 70422

Operator ID: 10349  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RICKY M WILKES  
12015 E SUBDIVISION  
PORT ALLEN, LA 70767

Operator ID: 36535  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

LOUIS WILLIAMS  
141 OKLAHOMA ST  
LAFAYETTE, LA 70501

**Operator ID: 10136**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STACY W WILLIAMS  
15527 SPRINGWOOD AVE  
BATON ROUGE, LA 70817

Operator ID: 10636  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER PRODUCTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRIAN D WILLIAMS  
P O BOX 98  
ERWIN, LA 70729

Operator ID: 10770  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MARK T WILLIAMS  
32 CYNTHIA STREET  
WAGGAMAN, LA 70094

Operator ID: 10837  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEDRIC T WILLIAMS  
P O BOX 2963  
ST FRANCISVILLE, LA 70775

Operator ID: 11320  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLARENCE R WILLIAMS  
4211 WINSIDE DR  
BAKER, LA 70714

Operator ID: 11490  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MICHAEL A WILLIAMS, JR  
428 LEGION DRIVE  
MARKSVILLE, LA 71351

Operator ID: 11755  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES WILLIAMS  
216 HENDERSON  
HOUMA, LA 70364-2844

Operator ID: 12153  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RODRICK C WILLIAMS  
4856 CAMELLIA LANE  
BOSSIER, LA 71111

Operator ID: 12244  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CHRIS A WILLIAMS  
21 LARKSPUR LN  
WAGGAMAN, LA 70094

Operator ID: 12292  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 3	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

TIMOTHY T WILLIAMS  
121 BULL RUN  
PEARL RIVER, LA 70452

Operator ID: 12334  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ORENTHAL J WILLIAMS  
P O BOX 547  
CARVILLE, LA 70721

Operator ID: 18086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JACK E WILLIAMS, JR  
PO BOX 122  
VIDALIA, LA 71373

Operator ID: 19426  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SUSAN L WILLIAMS  
806 6TH ST  
COLFAX, LA 71417

Operator ID: 19446  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LUCIOUS L WILLIAMS, III  
P.O. BOX 1211  
PEARL RIVER, LA 70452

Operator ID: 21386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JAMES WILLIAMS  
607 FLORIDA ST  
MONROE, LA 71203

Operator ID: 24467  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

**INVOICE**

JEROME A WILLIAMS  
181 HWY 855  
DELHI, LA 71232

**Operator ID: 25931**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FRANK W WILLIAMS, JR  
P O BOX 402  
WHITE CASTLE, LA 70788

Operator ID: 31707  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DWAYNE T WILLIAMS  
107 MAGNOLIA MANOR BLVD  
BOUTTE, LA 70039

Operator ID: 33146  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

SCOTT E WILLIAMS  
341 CARTER RD  
DRY CREEK, LA 70637

**Operator ID: 38074**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MERLIN WILLIAMS  
1720 CASA CALVA ST  
NEW ORLEANS, LA 70114

Operator ID: 41411  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROY S WILLIAMS  
215 WINDSOR ST  
LAKE CHARLES, LA 70601

Operator ID: 42605  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

TERRIAN T WILLIAMS  
2804 SHANNON DRIVE  
VIOLET, LA 70092

Operator ID: 44086  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JAMES A WILLIAMS  
701 ROGER  
SCOTT, LA 70583

Operator ID: 44498  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN W WILLIAMS  
4702 PLANTATION VILLAGE D  
LOT 30  
NEW IBERIA, LA 70560

Operator ID: 44792  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

BRANDON J WILLIAMS  
118 MARY LEE LANE  
PINE GROVE, LA 70453

Operator ID: 44873  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DUSTIN J WILLIAMS  
144 NORTH WEST 12TH ST  
RESERVE, LA 70084

**Operator ID: 46113**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

NICHOLAS T WILLIAMS  
2321 POWER CENTRE PRKWY  
APT 4304  
LAKE CHARLES, LA 70607

Operator ID: 46849  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

IVAN D WILLIAMS  
14451 NORTH MARKET DR  
BATON ROUGE, LA 70810

Operator ID: 47673  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

MARY L WILLIAMS  
1535 RIVER PARKWAY  
APT 215  
SHREVEPORT, LA 71104

Operator ID: 4784  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JERMAL D WILLIAMS  
616 E VERMILION STREET  
LAFAYETTE, LA 70501

Operator ID: 4804  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

SUSAN W WILLIAMS  
201 HOLIDAY BLVD #150  
COVINGTON, LA 70433-5013

Operator ID: 4815  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

LARRY L WILLIAMS  
2714 SALEM ST  
KENNER, LA 70062

**Operator ID: 4818**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Rebekah E. Gee MD, MPH**  
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Office of Public Health  
Engineering Services

**INVOICE**

RONALD L WILLIAMS  
612 GREENFIELD DR  
ALEXANDRIA, LA 71301

**Operator ID: 4828**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DELOS R WILLIAMS, JR  
201 HOLIDAY BLVD  
STE 150  
COVINGTON, LA 70433-5013

Operator ID: 4830  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

LATONYA WILLIAMS  
556 EAST 77TH ST  
SHREVEPORT, LA 71106

Operator ID: 48394  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DOUGLAS E WILLIAMS, SR  
P.O. BOX 63  
CONVERSE, LA 71419

Operator ID: 5078  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ROBERT WILLIAMS, JR  
1371 WEST MLK DRIVE EXT  
OPELOUSAS, LA 70570

Operator ID: 5224  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 3	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEREMIAH WILLIAMS  
4367 THURGOOD CIRCLE  
SHREVEPORT, LA 71109

Operator ID: 5308  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MATTHEW L WILLIAMS, JR  
437 APACHE TRAIL  
SHREVEPORT, LA 71107

Operator ID: 6767  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DARNELL L WILLIAMS  
1921 STATE ST  
SHREVEPORT, LA 71108

Operator ID: 6868  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREGORY L WILLIAMS  
135 EAST JORDAN  
SHREVEPORT, LA 71101

Operator ID: 6869  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JERRY L WILLIAMS  
7307 WINDERWEEDLE RD  
SHREVEPORT, LA 71129

Operator ID: 6870  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEVEN D WILLIAMS  
5712 BAYOU  
BOSSIER CITY, LA 71112

Operator ID: 6871  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KENNETH W WILLIAMS  
PO BOX 401  
DONALDSONVILLE, LA 70346

Operator ID: 7044  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

NORRIS J WILLIAMS, SR  
215 CHAMETTE DR  
LAFAYETTE, LA 70501-2150

**Operator ID: 7397**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

SUSAN J WILLIAMS  
6244 OUITMAN HIGHWAY  
QUITMAN, LA 71268-3182

Operator ID: 8224  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CALVIN R WILLIAMS  
116 HIGH ST  
MINDEN, LA 71055

Operator ID: 8372  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

CLAUDE M WILLIAMS  
447 SUMLIN RD  
DELHI, LA 71232

**Operator ID: 8718**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARVIN B WILLIAMS  
POST OFFICE BOX 133  
BOYCE, LA 71409

Operator ID: 8719  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

ROGER D WILLIAMS  
6244 OUITMAN HWY  
QUITMAN, LA 71268

Operator ID: 8985  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JOHN E WILLIAMS  
1600 OAKLAWN DRIVE  
MONROE, LA 71202

Operator ID: 9011  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

JOHN E WILLIAMS  
2202 NEYREY DR  
METAIRIE, LA 70001

**Operator ID: 9751**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RICKY B WILLIAMS  
12766 MIDDLEWOOD DRIVE  
BAKER, LA 70714

Operator ID: 9752  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

JESSE A WILLIAMSON  
150 WOODMILL RD  
HEFLIN, LA 71039

**Operator ID: 31047**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**INVOICE**

ERNEST E WILLIAMSON  
440 CROSS PARK DR  
APT 207  
PEARL, MS 39208

**Operator ID: 5432**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARVIN W WILLIAMSON  
404 NEW NATCHITOCHE RD  
WEST MONROE, LA 71292

Operator ID: 9012  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STANLEY J WILLIS, JR  
141 HOOVER DRIVE #212  
SLIDELL, LA 70461

Operator ID: 10804  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

QUINCY J WILLIS  
310 BELL NORTH DRIVE  
LAFAYETTE, LA 70507

Operator ID: 6886  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

CARL E WILLIS, JR  
66 BOONER MILLER ROAD  
DEVILLE, LA 71328

Operator ID: 7932  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHN N WILLM  
POST OFFICE BOX 2187  
HAMMOND, LA 70404

Operator ID: 8489  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEVEN J WILMORE  
611 PENICK ST  
PINEVILLE, LA 71360

Operator ID: 11975  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BOBBIE E WILSON, SR  
1501 FLAMINGO ST  
GRETNA, LA 70056

Operator ID: 24006  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LYNN B WILSON  
P O BOX 2345  
ST FRANCISVILLE, LA 70775

Operator ID: 27246  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

GREGORY D WILSON  
4549 AMBERLY LN  
SHREVEPORT, LA 71107

Operator ID: 28292  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

NATHAN J WILSON  
1643 OWL CREEK RD  
FARMERVILLE, LA 71241-8089

**Operator ID: 31051**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DAVID J WILSON  
140 COLONIAL HGTS RD.  
RIVER RIDGE, LA 70123

Operator ID: 35392  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JOHNNIE S WILSON  
1930 SURGI DR  
MANDEVILLE, LA 70448

Operator ID: 38611  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RODNEY A WILSON  
252 HOLLY GROVE RD  
ANACOCO, LA 71403

Operator ID: 40475  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

RICHARD E WILSON  
194 DAWSON DR  
LEESVILLE, LA 71446

Operator ID: 46834  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ANN M WILSON  
420 KINGS DR.  
PINEVILLE, LA 71360

Operator ID: 4846  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JAMES W WILSON, JR  
36330 WALKER NORTH RD  
WALKER, LA 70785

Operator ID: 4847  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

ANTHONY WILSON  
103 LEOPOLD SQUARE  
LAFAYETTE, LA 70506

Operator ID: 5477  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

TOM E WILSON  
303 MERRILL DR  
HOUMA, LA 70363

Operator ID: 5881  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CHARLES W WILSON  
1201 HIGHWAY 167  
LILLIE, LA 71256

Operator ID: 8225  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LORI L WILSON  
740 PLANER MILL RD  
DERIDDER, LA 70634

Operator ID: 8851  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

LAWRENCE J WILTZ  
2031 HELEN ST  
OPELOUSAS, LA 70570

Operator ID: 45536  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

EDWARD WILTZ  
POST OFFICE BOX 453  
KROTZ SPRINGS, LA 70750

Operator ID: 4850  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BRYAN WIMBERLY  
509 MARION PLACE  
NATCHITOCHEs, LA 71457

Operator ID: 6124  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

WILLIAM R WIMMER  
9814 MUSTANG CIRCLE  
KEITHVILLE, LA 71047

Operator ID: 29646  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FREIDA W WINCHESTER  
295 POST OAK DRIVE  
CORSICANA, TX 75110

Operator ID: 7934  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MARTIN WINDHAM  
221 WOODSON LANDING RD  
DEVILLE, LA 71328

Operator ID: 35826  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BOBBY M WINDHAM  
PO BOX 773  
MANSFIELD, LA 71052

Operator ID: 4851  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROVENA S WINDSOR  
2139 GREENWOOD RD  
SHREVEPORT, LA 71103

Operator ID: 45813  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JACQUELINE L WINEMILLER  
62122 SYLVE RD  
LACOMBE, LA 70445

Operator ID: 22606  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

JUSTIN L WINFIELD  
9212 OAKWOOD DRIVE  
BASTROP, LA 71220

Operator ID: 11303  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GABRIEL A WINSTON  
9121 BEECHWOOD DRIVE  
BASTROP, LA 71220

Operator ID: 10063  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DON W WINSTON  
1310 CRESCENT DR  
MONROE, LA 71201

Operator ID: 4855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

CLAY R WINTERS  
P.O. BOX 71  
ANGOLA, LA 70712

Operator ID: 10353  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

ROBERT A WISBY  
2207 SOUTH STATE STREET  
ABBEVILLE, LA 70510

Operator ID: 6484  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

MARVIN G WISE  
19067 BILL WISE RAD  
LIVINGSTON, LA 70754

Operator ID: 43875  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

DAVID A WITTNER  
13486 RIVERLAKE DR.  
COVINGTON, LA 70435

Operator ID: 4864  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHN E WOLFORD, JR  
4030 W PRIEN LAKE RD  
LAKE CHARLES, LA 70605

Operator ID: 42645  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

ERIC T WOMACK  
136 PONDROSA LN  
RUSTON, LA 71270

**Operator ID: 17786**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

GLEN D WOMACK  
PO BOX 540  
GILBERT, LA 71340

Operator ID: 4869  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JAMES H WOOD  
17112 MARTY LOW RD  
PRAIRIEVILLE, LA 70769

Operator ID: 13187  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JEFF C WOOD  
1278 JAYCEE DR.  
SLIDELL, LA 70460

Operator ID: 7144  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

DEVON WOODALL  
402 PINE GROVE  
WEST MONROE, LA 71291

Operator ID: 4876  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

NANCY A WOODLOCK  
PO BOX 23196  
NEW ORLEANS, LA 70183

Operator ID: 47373  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	<b>20.00</b>

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RACHEL C WOODMAN  
196 METAIRIE CT  
METAIRIE, LA 70001

Operator ID: 38855  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

STEPHANIE L WOODS  
P O BOX 27  
ELTON, LA 70535

Operator ID: 11589  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

MICHAEL W WOODS  
2252 TEXAS ST  
ARCADIA, LA 71001

**Operator ID: 13286**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

DEVON C WOODS  
913 LAGARDE ST  
THIBODAUX, LA 70301

Operator ID: 37085  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

GREG S WOODS  
2316 ST BERNARD APT F  
THIBODAUX, LA 70301

Operator ID: 38430  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

BENJAMIN D WOODS  
2390 PINE BLUFF RD  
RINGGOLD, LA 71068

Operator ID: 40922  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

RASOOL S WOODS  
7800 YOUREE DR.  
APT 1413  
SHREVEPORT, LA 71105

Operator ID: 41942  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KEVIN A WOODS  
9777 W WHEATON CIR  
NEW ORLEANS, LA 70127-2235

Operator ID: 4887  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER TREATMENT 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

P M WOODS  
P O BOX 93  
ZWOLLE, LA 71486

Operator ID: 5537  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00
WATER DISTRIBUTION 2	20.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

STEPHEN M WOODS  
7767 HWY. 1 NORTH  
BOYCE, LA 71409

Operator ID: 6874  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD S WOOLEY  
1185 STUBBS VINSON DR  
MONROE, LA 71203

Operator ID: 40544  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

EARL WOOLWINE  
316 W MAIN ST  
NEW IBERIA, LA 70560

Operator ID: 40784  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

**"Committee of Certification"**

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

ROBERT W WOOLWINE  
1603 SABRINA COURT  
NEW IBERIA, LA 70563

Operator ID: 4893  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

CALVIN E WORTHAM  
2021 N BEECH ST  
ARCADIA, LA 71001

Operator ID: 5955  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

RONALD J WORTMANN, SR  
14828 SOUTH LITTLE WOODS  
NEW ORLEANS, LA 70128

Operator ID: 4895  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

GREGORY T WRIGHT  
2225 BAYOU PAUL LANE  
ST GABRIEL, LA 70776

Operator ID: 37370  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DION E WRIGHT  
1537 EAGLE DR  
THIBODAUX, LA 70301

Operator ID: 42489  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

NATHAN WRIGHT  
POST OFFICE BOX 103  
ERWINVILLE, LA 70729

Operator ID: 7744  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID P WYLLIE  
222 MELISSA LANE  
BOSSIER CITY, LA 71112

Operator ID: 49014  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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INVOICE

MITCHELL L YEAGER  
591 HWY 1188  
HESSMER, LA 71347

Operator ID: 31054  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DAVID W YEATES  
PO BOX 428  
BLANCHARD, LA 71009

Operator ID: 4904  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 3	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ELLIS H YELEY  
132 P. LACAZE ROAD  
PITKIN, LA 70656

Operator ID: 10346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

JOHN R YENT  
3528 HWY 1046  
AMITE, LA 70422

Operator ID: 12188  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

VANESSA R YORK  
10009 STANDARD OIL RD  
RODESSA, LA 71069

Operator ID: 25946  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

DONNA B YOUNG  
POST OFFICE BOX 1316  
JACKSON, LA 70748

Operator ID: 10807  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 4	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

VICKI M YOUNG  
59145 N PEARL DR  
SLIDELL, LA 70461

Operator ID: 37507  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

KERMIT C YOUNG  
2939 LAKEHURST AVENUE  
SHREVEPORT, LA 71108

Operator ID: 37973  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MEGAN L YOUNG  
181 YOUNG'S RD  
CAMERON, LA 70631

Operator ID: 44575  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

MARK A YOUNG  
5718 GULF BEACH HWY  
CAMERON, LA 70631

Operator ID: 4909  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Office of Public Health  
Engineering Services

INVOICE

STUART B YOUNG  
340 NORTH 7TH ST  
EUNICE, LA 70535

Operator ID: 4912  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

BRADLEY D YOUNG  
POST OFFICE BOX 1491  
AMELIA, LA 70340

Operator ID: 4915  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

WALTER C YOUNG  
720 LODGE STREET  
HOMER, LA 71040

Operator ID: 7624  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

JOHNNIE R YOUNGBLOOD  
2535 TRICOU STREET  
NEW ORLEANS, LA 70117

Operator ID: 35396  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEPHEN G YOUNGS  
702 LAKE VILLAGE COURT  
SLIDELL, LA 70461

Operator ID: 38631  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
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INVOICE

BRANDON E YOUNSE  
196 HWY 145  
DAWNSVILLE, LA 71234

Operator ID: 22386  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 2	20.00
WATER PRODUCTION 2	10.00

**Date Due : April 01, 2016**

**Total Due: 60.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MUHAMMAD Z YUNGAI  
7001 BUNDY ROAD #Y-11  
NEW ORLEANS, LA 70127

**Operator ID: 41408**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MATTHEW J ZACHERY  
234 PERCY DR  
OPELOUSAS, LA 70570

**Operator ID: 39336**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 3	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SHANE P ZAGAR  
310 E MAIN ST  
BROUSSARD, LA 70518

Operator ID: 28360  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KYLA J ZAUNBRECHER  
106 BELLE SAVANE  
LAKE CHARLES, LA 70607

Operator ID: 43876  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER PRODUCTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 50.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

ANTHONY J ZELLER  
612 KINLER ST  
LULING, LA 70070

Operator ID: 5207  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

DUSTIN M ZERINGUE  
118 CHAMPANGE LN  
AMA, LA 70031

Operator ID: 22346  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LAWRENCE P ZERINGUE  
619 AOUARIUS DRIVE  
HAHNVILLE, LA 70057

Operator ID: 8725  
Date: 1/27/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

WILLIAM "BILLY" R ZIBILICH  
226 ST CHARLES ST  
NORCO, LA 70079

**Operator ID: 46292**  
**Date: 1/27/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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Engineering Services

INVOICE

DON E BALLARD  
505 ATKINSON ST  
MONROE, LA 71202

Operator ID: 37831  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

SCOTT J BENOIT  
380 ARTHUR LN  
HACKBERRY, LA 70645

Operator ID: 26086  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

STEPHEN J BURNHAM  
1415 DELPLAZA DRIVE  
SUITE B  
BATON ROUGE, LA 70815

Operator ID: 11006  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 2	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

---

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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INVOICE

BRETT W CALLAIS  
5892 WRANGLER  
IOWA, LA 70647

Operator ID: 26106  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services  
**INVOICE**

CHRISTOPHER D DAVIS  
801 STILL COURT  
MADISONVILLE, LA 70447

Operator ID: 6442  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00

Date Due : April 01, 2016

Total Due: 20.00

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

BRADLEY S DAY  
1612 GLENDALE RD  
DERIDDER, LA 70634

**Operator ID: 46832**  
**Date: 2/3/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

---

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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John Bel Edwards  
GOVERNOR



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SECRETARY

State of Louisiana  
Department of Health and Hospitals  
Office of Public Health  
Engineering Services

INVOICE

KATHY L GASPARD  
217 TASSO LOOP  
EUNICE, LA 70535

Operator ID: 27287  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 2	10.00
WATER TREATMENT 2	10.00

Date Due : April 01, 2016

Total Due: 40.00

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

MARION R GREENE  
1920 WILLOWICK ST  
LAKE CHARLES, LA 70605

**Operator ID: 1821**  
**Date: 2/3/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

MONTY W JOHNSON  
1038 MS DAISYS DR  
SULPHUR, LA 70665

Operator ID: 26207  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

LEE C JONES  
2626 W SALE ROAD  
LAKE CHARLES, LA 70605

Operator ID: 11503  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00
WATER DISTRIBUTION 3	20.00
WATER PRODUCTION 3	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Office of Public Health  
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**INVOICE**

NOLTON N JOSEPH  
PO BOX 1996  
IOWA, LA 70647

Operator ID: 37854  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

Date Due : April 01, 2016

Total Due: 30.00

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

TRUDY H KIGGANS  
4391 PINE RIDGE DRIVE  
BATON ROUGE, LA 70809

**Operator ID: 10650**  
**Date: 2/3/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

**INVOICE**

PATRICK J KRAEMER  
2484 GAUSE BLVD WEST  
SLIDELL, LA 70460

Operator ID: 37927  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00
WATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

**INVOICE**

DAMIEN M LOCOCO  
119 MONTPELIER DR  
BOUTTE, LA 70039

Operator ID: 8044  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 2	20.00
WASTEWATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JEFF MAYS  
221 OAKWOOD DR  
LAKE CHARLES, LA 70605

Operator ID: 26208  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

JERRY J MYERS  
811 DITCH AVENUE  
MORGAN CITY, LA 70380

Operator ID: 11078  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

FARON NAQUIN  
200 ELVIRA DRIVE  
RACELAND, LA 70394

Operator ID: 3327  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 4	10.00

**Date Due : April 01, 2016**

**Total Due: 40.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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State of Louisiana  
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Office of Public Health  
Engineering Services

INVOICE

SAMUEL E NIXON  
2530 SHADOWBROOK DR  
BATON ROUGE, LA 70816

Operator ID: 36518  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 4	20.00
WASTEWATER TREATMENT 3	10.00
WATER DISTRIBUTION 4	20.00
WATER PRODUCTION 4	10.00
WATER TREATMENT 3	10.00

Date Due : April 01, 2016

Total Due: 70.00

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Engineering Services

INVOICE

KATHY A RUSSO  
4901 JEFFERSON HWY  
SUITE E  
JEFFERSON, LA 70121

Operator ID: 2499  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

LICENSE TYPE

2016 - 2017 BIENNIAL FEE

WASTEWATER TREATMENT 4

20.00

**Date Due : April 01, 2016**

**Total Due: 20.00**

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services

INVOICE

LAWRENCE W TRAVERS  
42479 ALEX LN  
PONCHATOULA, LA 70454

Operator ID: 43856  
Date: 2/3/2016

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WATER DISTRIBUTION 1	20.00
WATER PRODUCTION 1	10.00

Date Due : April 01, 2016

Total Due: 50.00

---

PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services  
**INVOICE**

WAYLON K WHITAKER  
2576 WATTS RD  
LAKE CHARLES, LA 70611-3101

**Operator ID: 8110**  
**Date: 2/3/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

---

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
WASTEWATER COLLECTION 1	20.00
WASTEWATER TREATMENT 1	10.00

**Date Due : April 01, 2016**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Office of Public Health  
Engineering Services  
**INVOICE**

DENNIS C AKINS  
917 GREER RD  
SHREVEPORT, LA 71107

**Operator ID: 45255**  
**Date: 4/4/2016**

This is your 2016 / 2017 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include your email address below.**

<u>LICENSE TYPE</u>	<u>2016 - 2017 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : April 01, 2016**

**Total Due: 30.00**

*PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION*

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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