

APPLICATION FORM
APPROVED TRAINING PROVIDER
FOR MONTANA CONTINUING EDUCATION CREDIT

FORM #ATP1
ATP-APP.FRM
Rev. 9/03

Mail original to DEQ - Keep copy for files

Instructions: Complete this form and return it to the **WATER/WASTEWATER OPERATOR CERTIFICATION OFFICE***, Box 200901, Helena, MT 59620-0901. This application will be reviewed and a determination will be made within a **six to eight week period**. To have an individual course approved, please contact the Certification Office for an appropriate form. A provider must reapply and be approved every two years, concurrent with the CEC biennium. **TO HELP IN THE EVALUATION PROCESS, PLEASE ATTACH PREVIOUSLY APPROVED CLASSES WITHIN THE LAST CEC PERIOD.**

TRAINING PROVIDER: _____

ORGANIZATION: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PRINCIPAL GOAL OF ORGANIZATION (TRAINING SECTION): _____

TYPES OF TRAINING PROVIDED: _____

COURSES WILL BE APPLICABLE TO (CIRCLE):

ALL CERTIFIED OPERATORS

WELL WATER SUPPLY OPERATORS

WATER DISTRIBUTION OPERATORS

WASTEWATER TREATMENT PLANT OPERATORS

WATER TREATMENT PLANT OPERATORS

WASTEWATER LAGOON OPERATORS

PERSONS AUTHORIZED TO MONITOR AND VERIFY ATTENDANCE OR COURSE COMPLETION:

NAME: _____ NAME: _____

TITLE: _____ TITLE: _____

PHONE: _____ PHONE: _____

IT IS AGREED that the above information is accurate. **IT IS AGREED** that all laws, rules, guidelines and course criteria, as well as the Montana Approved Training Providers Code of Ethics required by the Montana Operator Certification Program will be followed. **THE TRAINING ORGANIZATION IS AWARE** that all records will be made available to a member of the DEQ upon request; and this approval is for a two-year period which must be re-applied for every two years coinciding with the current CEC biennium. If any of the above requirements are not met, the approved training provider status shall be revoked.

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

*For more information, contact Reta Therriault, Water/Wastewater Certification, PO Box 200901, Helena, MT 59620-0901 (406/444-3434).

**APPROVAL INFORMATION FOR
ATP APPLICATION – Page 2**

ATP#: _____ **ATP NAME:** _____

REVIEWED BY: _____

REVIEWED BY: _____

DATE APPROVED: _____

FOR BIENNIUM ENDING: _____

REASONS: _____

DATE DISAPPROVED: _____

REASONS: _____

DATE ATP NOTIFIED: _____

NOTIFYING OFFICIAL: _____
