

MONTANA CONTINUING EDUCATION CREDIT REPORT FORM – ATP4

Mail original to DEQ – Keep copy for files

Instructions: The Operator should complete white portions and course provider(s) should complete the shaded portions. The course provider must mail the completed form, no later than two weeks after the course is given, to the Department of Environmental Quality Water/Wastewater Operator Certification Office at P.O. Box 200901, Helena, MT 59620-0901.		
CEC INFORMATION: (Training Provider completes)		
CECS EARNED: WATER _____ WASTEWATER _____ TRAINER _____		
OPERATOR INFORMATION: (operator completes – please print)		
OPERATOR NUMBER: _____ CERTIFICATION CLASS AND TYPE: _____		
NAME: _____		
SYSTEM OPERATED: _____		
ADDRESS: _____		
CITY: _____ ZIP: _____		
IS THIS A NEW ADDRESS: YES _____ NO _____		
Shall we send application materials? YES _____ NO _____		
OPERATOR SIGNATURE: _____		
COURSE INFORMATION: (Training Provider completes)		
TITLE OF COURSE: _____		
LOCATION OF COURSE: _____	DATE OF COURSE: _____	
TYPE OF CERTIFICATION COURSE WAS APPROVED	WATER _____	WASTEWATER _____
NUMBER OF CREDITS APPROVED FOR COURSE: _____		
FACILITY-BASED TRAINING? YES _____ NO _____ DUAL CEC COURSE? YES _____ NO _____		
ATP INFORMATION: (Training Provider completes)		
APPROVED TRAINING PROVIDER: _____	ATP #: _____	
SIGNATURE OF VERIFYING OFFICIAL: _____		
COMMENTS ON TRAINING COURSE: (for optional use by operator)		