

COURSE SPONSORED BY AN APPROVED TRAINING PROVIDER

Mail or email to DEQ – Keep copy for files

Instructions: This application must be completed BEFORE continuing education credits (CECs) for Montana water/wastewater operators will be granted. Mail the completed form to Department of Environmental Quality Water/Wastewater Operator Certification Office at P.O. Box 200901, Helena, MT 59620-0901 or email to OperatorCertification@mt.gov . Notice of approval of this application must be obtained before CECs will be allowed. Those wishing CECs for this course must complete and mail to the address above a Continuing Education Credit Report Form.

NAME OF TRAINING COURSE: _____

TRAINING PROVIDER:

ORGANIZATION _____ ATP #: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Email: _____

COURSE INFORMATION: An hour-by-hour agenda must be enclosed with this application. Show time allotted for registration, breaks and business.

NAME OF TRAINING COURSE: _____

NUMBER OF CONTACT HOURS FOR COURSE: _____

FACILITY-BASED
TRAINING FOR
CAPACITY
DEVELOPMENT?

YES

NO

DUAL CEC COURSE?

YES

NO

LOCATION OF COURSE: _____ DATE OF COURSE: _____

FEES OR MEMBERSHIP REQUIRED TO ATTEND: _____

PRE-REQUISITES FOR TAKING THIS COURSE: _____

COURSE WILL BE APPLICABLE TO:

(Check all appropriate; inform operators at registration which types of certifications)

ALL CERTIFIED OPERATORS

WELL WATER SUPPLY OPERATORS

WATER DISTRIBUTION OPERATORS

WASTEWATER TREATMENT PLANT
OPERATORS

WATER TREATMENT PLANT OPERATORS

WASTEWATER LAGOON OPERATORS

COURSE INSTRUCTOR(S): _____

EDUCATION AND EXPERIENCE BACKGROUND ON INSTRUCTORS: (Include job title, degrees and work experience that is applicable to teaching this course)

VERIFYING OFFICIAL:

NAME (please print): _____

SIGNATURE: _____

PHONE: _____