

INDIVIDUAL APPLICATION FOR COURSE APPROVAL

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 wanting CECs for this course must complete and send a Continuing Education Credit Report Form.

NAME OF TRAINING COURSE: _____

TRAINING PROVIDER:

ORGANIZATION: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF CONTACT HOURS FOR COURSE: _____

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

COURSE WILL BE PRESENTED:

DATE: _____ LOCATION: _____

FEES OR MEMBERSHIP REQUIRED TO ATTEND: _____

PRE-REQUISITIES FOR TAKING THIS COURSE: _____

COURSE WILL BE APPLICABLE TO:

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

ALL CERTIFIED OPERATORS

WELL WATER SUPPLY OPERATORS

WATER DISTRIBUTION OPERATORS

WELL WATER SUPPLY OPERATORS

WASTEWATER TREATMENT PLANT

WASTEWATER LAGOON OPERATORS

IS THIS A DUAL CEC COURSE?

YES NO

Facility Based -Capacity
Development

COURSE INSTRUCTOR(S): _____

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

PERSONS AUTHORIZED TO MONITOR AND VERIFY ATTENDANCE OR COURSE COMPLETION:

NAME: _____

SIGNATURE: _____

PHONE: _____

PERSON REQUESTING COURSE APPROVAL:

NAME: _____

MAILING ADDRESS: _____