

APPENDIX B

INDIVIDUAL APPLICATION FOR COURSE APPROVAL – IND1

Mail original 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 MT DEQ-WWOC at P.O. Box 200901, Helena, MT 59620-0901 . 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: _____ CONTACT PERSON: _____ MAILING ADDRESS: _____ PHONE NUMBER: _____ FAX 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. (NOTE: If this course is not a normal operation or maintenance type of course, please have system supervisor complete the Course Justification portion of this form)	
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)
<input type="checkbox"/> ALL CERTIFIED OPERATORS	<input type="checkbox"/> WELL WATER SUPPLY OPERATORS
<input type="checkbox"/> WATER DISTRIBUTION OPERATORS	<input type="checkbox"/> WASTEWATER TREATMENT PLANT OPERATORS
<input type="checkbox"/> WATER TREATMENT PLANT OPERATORS	<input type="checkbox"/> WASTEWATER LAGOON OPERATORS
IS THIS A DUAL CEC COURSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
COURSE INSTRUCTOR(S): NAME: _____	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: _____ OPERATOR NUMBER: _____ MAILING ADDRESS: _____	

COURSE JUSTIFICATION FORM

(To be utilized with the Individual Course Approval Form – IND1)

SYSTEM NAME:

CLASSIFICATION OF SYSTEM:

NAME AND TITLE OF PERSON COMPLETING THIS FORM (should be system supervisor):

ADDRESS:

JUSTIFICATION THAT THIS COURSE IS APPROPRIATE FOR CLASSIFICATION OF SYSTEM OPERATED:

SIGNATURE OF SYSTEM SUPERVISOR: