



**Illinois  
Environmental Protection Agency**

**Operator Certification TRAINING PROVIDER FORM**

Mail this form to: Illinois EPA-Operator Certification, BOW/CAS #19, 1021 North Grand Ave. East, PO BOX 19276, Springfield, IL 62794-9276

Training Provider or Sponsor			Contact Name
Address			Contact Email Address
City	State	Zip	Daytime Telephone Number

Confirmation of course approval can be sent either by email, fax or direct mail. Please indicate which method **(check preference)**

<input type="checkbox"/>	Please send by mail to address listed above.
<input type="checkbox"/>	Please send to the following email address: _____
<input type="checkbox"/>	Please fax to (_____) _____ - _____

Training Event Name _____			
<i>Workshops, seminars, and/or conferences should always be considered one-time events unless the subject matter (agenda) stays the same.</i>			
Is this training a one- time event? YES NO (circle one)			
If YES, Date(s) of Training _____ and Location _____			
If NO, what best describes the frequency/location of training: _____			
What best describes the format/type of training that is involved? (circle all that could apply)			
Conference/Seminar	Classroom (college)	Actual Hands-On	Operator's Group Meeting/Workshop
ERTC	ISAWWA	IL Rural Water	Regional/Association Group Workshop
If actual hands-on training is involved, please describe:			

What general water related content will this training provide? (circle all that apply)		
Regulatory Update	Coagulation	Reverse Osmosis
Lime Softening	Pathogen Removal/Inactivation	Filtration
Aeration	Reverse Osmosis	Ion Exchange
Chemical Feeding and/or Calculations	Pumps	Storage
Collecting Samples	Water Mains and/or Service Connections	Disinfection
Safety	Emergency and/or Disaster Related	Wastewater Related
Please describe here If nothing above applies OR describe any additional content that will be covered in training:   		
If applicable, please attach any relevant documentation such as an Agenda that will help describe training.		

For this training, I am requesting that _____ total hours and/or _____ minutes of training credit be issued to all attendees. (If this training is an extended event covering weeks or months, I request _____ weeks or _____ months of credit be issued).
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I certify that the above information is true and accurate. I further acknowledge that any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----Official Use Only-----

Approved By:	Start Date:	End Date:	Course ID Number:
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