



Operator Certification TRAINING PROVIDER FORM

Mail to: Illinois EPA - Operator Certification, BOW/CAS #19, 2520 West Iles Avenue, 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 check preference.**

Please send by mail to address listed above.
Please send to the following email address:
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? (circle one) YES NO				
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	Classroom (college)	Actual Hands-On	Operator's Group Meeting/Workshop	
Seminar	Online	In Plant	Regional/Association Group Workshop	
If actual hands-on training is involved, please describe:				

The content intended for: <input checked="" type="checkbox"/> Drinking Water Operators <input type="checkbox"/> Wastewater Operators <input type="checkbox"/> or <input type="checkbox"/> BOTH				
What content is contained in the training? Circle all that apply or describe:				
Regulatory Update	Ion Exchange	Pumps	Preliminary Treatment	Primary Treatment
Coagulation	Filtration	Lime Softening	Secondary Treatment	Clarifiers
Sedimentation	Aeration	Storage	Activated Sludge	Lagoon
Chemical Feeding and/or Calculations	Water Mains and/or Service Connections	Pathogen Removal/Inactivation	Sludge Handling/ Application	Bio-Nutrient Removal
Collecting Samples	Disinfection	Maintenance	Safety	Fixed Film
Laboratory Analysis	Emergency and/or Disaster Related	SCADA/Controls	Collection Systems	Regulations/ Records
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.				
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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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