



DRINKING WATER

Utah Operator Certification Program CONTINUING EDUCATION UNIT COURSE ACCREDITATION APPLICATION

- OFFICE -

APPROVED DENIED

CEUs _____

Entered on _____

Checklist Instructions:

- Step 1** Fill ALL fields for course to be approved by the *Executive Secretary of the Operator Certification Commission*.
- Step 2** If needed, duplicate page 2 Attendance Roster for more lines.
- Step 3** Email/send all pages to the Division of Drinking Water (info below).

Date of Instruction:

Actual Instruction Time (in hours):

Course Name (Subject):

Description of Water-Related Activity:

Location of Training:

Name:
Address:
Phone:

Sponsoring Agency:

Name:
Address:
Phone:

Contact Person:

Name:	Phone:
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Send completed form to:

kdyches@utah.gov

- or -

Department of Environmental Quality
 Division of Drinking Water
 Operator Certification Program
 P.O. Box 144830
 Salt Lake City, Utah 84114-4830



Utah Operator Certification Program

CONTINUING EDUCATION UNIT TRAINING ACTIVITY ATTENDANCE ROSTER

Date:	Duration (Hours):	Sponsor:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Course Name (Subject):		
<input type="text"/>		
Course Location City, State:		
<input type="text"/>		

PRINT LEGIBLY to insure that proper CEU's are credited to your record. *If we can't read it, we don't approve it.*

CERTIFICATION #	FULL LEGAL NAME	EMPLOYER

PLEASE RETURN THIS FORM TO:

kdyches@utah.gov
- or -
Department of Environmental Quality
Division of Drinking Water
Operator Certification Program
P.O. Box 144830
Salt Lake City, Utah 84114-4830

ATTENDANCE VERIFIED BY:

AUTHORIZED SIGNATURE:

PRINTED NAME: