Utah Wastewater Operator Continuing Education (CEU) Request w/Roster

Name of Course:			Instructor(s):_ Instructor	Instructor(s): Instructor	
Locatio	on Held:		Qualifications:		
Name o	of Submitting Organization / Facility_				
Date:Begin Time: End T		End Time:	Γime: #CEUs Requested(.1/hr)		
Objecti	ves of Course:				
Attendees List: (Print clearly)		Instructor	Instructor's Signature:		
<u>ID#</u>	Printed Name	Signature	e or Initials	Supervisor's Signature or Date Attended	

Submit to: Wastewater Operator Certification

Division of Water Quality

By Mail:

PO Box 144870

Salt Lake City, Utah 84114-4870

Fax: (801) 536-4301 Email: wwopcert@utah.gov

Deliver:

Multi Agency State Office Building 195 North 1950 West, DEQ 3rd Floor

Salt Lake City, Utah 84116