

Illinois Environmental Protection Agency
Division of Public Water Supplies/Operator Certification
 1021 North Grand Avenue East, PO Box 19276
 Springfield, Illinois 62794-9276
 217-785-0561



TRAINING PROVIDER FORM

Training Provider/Sponsor Name: _____ Daytime Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Mail completed form to: Illinois EPA, Compliance Assurance Section #19, P.O. Box 19276, Springfield, IL 62794-9276

Instructor Name	Name of Training Event	Location	Date(s) of Training	Drinking Water Related Training (Hours/Minutes)
Drinking Water Training Content:				<i>Office Use Only</i> Approved _____ NA _____ Date _____
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