

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



OPERATOR TRAINING FORM

Operator Name: (Please Print) _____
 Social Security Number: _____

Training Provider/Company	Name of Training	Training Location	Date of Training	Hours/Min.
<p>Summary of Drinking Water Related Training:</p> <p>Work related competencies developed or maintained by attending this training:</p> <p>Would you recommend this training to other water operators? Yes No</p>				
<p>Summary of Drinking Water Related Training:</p> <p>Work related competencies developed or maintained by attending this training:</p> <p>Would you recommend this training to other water operators? Yes No</p>				
<p>Summary of Drinking Water Related Training:</p> <p>Work related competencies developed or maintained by attending this training:</p> <p>Would you recommend this training to other water operators? Yes No</p>				

I certify that the above information is true and accurate and that I have successfully completed the above listed training. I understand that proof of training records must be maintained by me for a period of four years. I further acknowledge that falsification of this form or any form used in the certificate renewal process may result in denial of certificate renewal or restoration and is a cause of certificate revocation and/or suspension.

Signed: _____ Date: _____ Daytime Telephone Number(_____) _____