

**ILLINOIS EPA – BUREAU OF WATER
DRINKING WATER OPERATOR CERTIFICATION PROGRAM
OPERATOR TRAINING SUBMISSION FORM**

Operator Name: _____

Social Security Number _____

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

Phone: 217/785-0561

TRAINING PROVIDER NAME	NAME OF TRAINING EVENT	LOCATION	DATES OF TRAINING	HOURS/MINUTES
<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 <input type="checkbox"/> No <input type="checkbox"/></p>				

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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 (_____) _____