

# INDIVIDUAL APPLICATION FOR COURSE APPROVAL

Mail or email to DEQ – Keep copy for files

**Instructions:** This application must be completed **BEFORE** continuing education credits (CECs) for Montana water/wastewater operators will be granted. Mail the completed form to **Department of Environmental Quality Water/Wastewater Operator Certification Office at P.O. Box 200901, Helena, MT 59620-0901 or email to OperatorCertification@mt.gov.** Notice of approval of this application must be obtained before CECs will be allowed. Those wanting CECs for this course must complete and send a Continuing Education Credit Report Form.

**NAME OF TRAINING COURSE:** \_\_\_\_\_

**TRAINING PROVIDER:**

ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**NUMBER OF CONTACT HOURS FOR COURSE:** \_\_\_\_\_

**COURSE CONTENT:** An hour-by-hour agenda must be enclosed with this application. Show time allotted for registration, breaks and business.

**COURSE WILL BE PRESENTED:**

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**FEES OR MEMBERSHIP REQUIRED TO ATTEND:** \_\_\_\_\_

**PRE-REQUISITIES FOR TAKING THIS COURSE:** \_\_\_\_\_

**COURSE WILL BE APPLICABLE TO:**

(Check all appropriate; inform operators at registration which types of certification)

ALL CERTIFIED OPERATORS

WELL WATER SUPPLY OPERATORS

WATER DISTRIBUTION OPERATORS

WELL WATER SUPPLY OPERATORS

WASTEWATER TREATMENT PLANT

WASTEWATER LAGOON OPERATORS

**IS THIS A DUAL CEC COURSE?**

YES NO

Facility Based -Capacity  
Development

**COURSE INSTRUCTOR(S):** \_\_\_\_\_

**EDUCATION AND EXPERIENCE BACKGROUND ON INSTRUCTORS:** (Include job title, degrees and work experience that is applicable to teaching this course) \_\_\_\_\_

**PERSONS AUTHORIZED TO MONITOR AND VERIFY ATTENDANCE OR COURSE COMPLETION:**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PERSON REQUESTING COURSE APPROVAL:**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_