

MONTANA CONTINUING EDUCATION CREDIT REPORT FORM – ATP4

Mail original to DEQ – Keep copy for files

<p>Instructions: The Operator should complete white portions and course provider(s) should complete the shaded portions. The course provider must mail the completed form, no later than two weeks after the course is given, to the Department of Environmental Quality Water/Wastewater Operator Certification Office at P.O. Box 200901, Helena, MT 59620-0901.</p>		
<p>CEC INFORMATION: (Training Provider completes)</p>		
<p>CECS EARNED:</p> <p>WATER _____ WASTEWATER _____ TRAINER _____</p>		
<p>OPERATOR INFORMATION: (operator completes – please print)</p>		
<p>OPERATOR NUMBER: _____ CERTIFICATION CLASS AND TYPE: _____</p> <p>NAME: _____</p> <p>SYSTEM OPERATED: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ ZIP: _____</p> <p>IS THIS A NEW ADDRESS: YES _____ NO _____</p> <p>Shall we send application materials? YES _____ NO _____</p> <p>OPERATOR SIGNATURE: _____</p>		
<p>COURSE INFORMATION: (Training Provider completes)</p>		
<p>TITLE OF COURSE: _____</p>		
<p>LOCATION OF COURSE: _____</p>		<p>DATE OF COURSE: _____</p>
<p>TYPE OF CERTIFICATION COURSE WAS APPROVED</p>		<p>WATER _____ WASTEWATER _____</p>
<p>NUMBER OF CREDITS APPROVED FOR COURSE: _____</p>		
<p>FACILITY-BASED TRAINING? YES _____ NO _____ DUAL CEC COURSE? YES _____ NO _____</p>		
<p>ATP INFORMATION: (Training Provider completes)</p>		
<p>APPROVED TRAINING PROVIDER: _____</p>		<p>ATP #: _____</p>
<p>SIGNATURE OF VERIFYING OFFICIAL: _____</p>		
<p>COMMENTS ON TRAINING COURSE: (for optional use by operator)</p>		