



Request for Wastewater Training Continuing Education Units

Request Date _____

Course Title _____ Location _____

Start Date _____ End Date _____ Total Classroom Hours _____

Requested CEUs (1 hour class time = .1 CEU) _____

Course format: Classroom Correspondence On-line Conference Recurring

Explain how this course is specific to the operation and maintenance of a domestic wastewater treatment plant or to the management of the operation and maintenance of a domestic wastewater treatment plant.

How will attendance be monitored and verified? _____

Contact Name _____ Company _____

Mailing address _____

City _____ State _____ Zip _____

Phone Number _____ e-mail _____

Required Attachments:

- Course Agenda with timeline – include start and end times, breaks & lunch
 Course Summary or Brochure Instructor Information – short biography and credentials

Return completed form and required attachments to: Department of Ecology
Wastewater Operator Certification
PO Box 47696
Olympia, WA 98504-7696

Or email completed form and attachments to: <mailto:poca461@ecy.wa.gov>

For OpCert Staff Use

Specific CEUs _____ Relevant CEUs _____ Course ID _____

Approval Date _____ Expiration Date _____ Reviewed by _____