

Illinois EPA – Operator Certification BOW/CAS#19 1021 North Grand Avenue East, PO Box 19276 Springfield, Illinois 62794-9276 Telephone 217-785-0561



OPERATOR TRAINING FORM

Operator Name (*please print*)

Water Operator 9-digit ID Number (not Social Security Number)

Name of Company or Organization Providing Training IRWA/U.S. EPA		Course Training Name DCT Tips to Mitigate Supply Chain Challenges
Hours/Minutes 1 hour / 00 minutes	City (Where Training Occurred) Live Webinar	
ies. The panelists will provide	e lessons learned from their experience using the SDW	A Section 1441 program. In addition, they will also
1	IRWA/U.S. EPA Hours/Minutes 1 hour / 00 minutes water related training: The ies. The panelists will provide activities which assisted them	IRWA/U.S. EPA Hours/Minutes 1 hour / 00 minutes City (Where Training Occurred) Live Webinar water related training: The webinar will include a panel of previous water and wa ies. The panelists will provide lessons learned from their experience using the SDW activities which assisted them with mitigation actions to help resolve their supply cl

*Effective 7/1/2012, you must include Course ID Number on this form or it will be returned. Until 7/1/2012, if not known, leave blank.

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. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature:___

Date:_____

Daytime Phone: _____