



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	Water Operator 9-digit ID Number (not Social Security Number)	
*Course ID Number Name of Company or Organ		nization Providing Training	Course Training Name	
18707	IRWA / U.S. EPA - Bev Vazquez and Morgan Brown, Office of Water		DWT Bipartisan Infrastructure Law	
		n Lytle, Office of Research and Development		
Date(s) of Training	Hours/Minutes	City (Where Training Occurred) Live Webinar - https://us02web.zoom.us/webinar/register/WN_rA82_4rsSlu3ZrJpTzTqqA		
06/27/2023	1 hour / 30 minutes	Live webinar - https://uso2web.zoom.us/webinar/	register/WN_rA82_4rsStu32rJp121qqA	
Provide summary of drinking water	er related training: This pre	sentation will provide information on an EPA progr	ram designed to support public drinking water systems as	
•			residuals. Additionally, attendees will learn about EPA's	
`		hnologies that can be used by communities to determ		
*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))				
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Signature:		Date:	Daytime Phone:	