New York State Department of Environmental Conservation
Request for Approval of Wastewater Treatment Plant Operator
Renewal Training

1. Training Course Title: ________________________________

2. Dates of Training: Start Date _______________ End Date _______________

3. The Purpose of this Training is: ☐ Renewal Training ☐ Precertification Training

4. Will this Training be Conducted In-Plant? ☐ Yes ☐ No
   If Yes, Trainer’s Name ___________________________ DEC Trainer Number _____________

5. Training Course Location _______________________________________________________________________

6. Name of Organization Providing Training ___________________________________________________________________

7. Contact Person or Trainer ___________________________ Phone #: ______________ Email: ______________

8. Address ____________________________________________

9. How does this training relate to operation, maintenance or management of a wastewater treatment plant? ____________________________________________

10. How is attendance monitored and verified? ____________________________________________

11. Satisfactory program completion demonstrated by (check as appropriate)
   ☐ Skill Demonstration ☐ Report or Test ☐ Other __________________

12. Please attach: ☐ Course Agenda, or a ☐ Completed Course Time Line

Return This Completed Form To:
NYSDEC
Facility Operations Assistance Section
625 Broadway, 4th Floor
Albany, New York 12233-3506
Phone: (518)402-8177
Fax: (518)402-8082

For NYSDEC Use Only
Evaluated By: ___________________________
Date: ___________________________
Approved Contact Hours: ___________________________
Course Approval Number: ___________________________