



## 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

RTC Number: _____	Course Date: _____
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**Return This Completed Form To:**  
 NYSDEC  
 Facility Operations Assistance Section  
 625 Broadway, 4<sup>th</sup> 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:** \_\_\_\_\_