



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 OPERATOR CERTIFICATION SECTION
REQUEST FOR TRAINING COURSE APPROVAL

Complete one form per training session and location. This form should be sent to this office at least 30 days prior to the date of the proposed training to receive approval. E-mail the form to opcert@dnr.mo.gov or mail the form to the address below. If you have any questions, contact the Operator Certification Section at 573-751-1600 or 1-800-361-4827 or by mail: Missouri Department of Natural Resources, Operator Certification Section, P.O. Box 176, Jefferson City, MO 65102-0176.

PART 1: CONTACT PERSON INFORMATION (PLEASE PRINT)

SPONSORING ORGANIZATION		
CONTACT		
ADDRESS		
CITY, STATE		ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	FAX WITH AREA CODE	E-MAIL
TELEPHONE NUMBER WITH AREA CODE TO BE PUBLISHED FOR ENROLLMENT INFORMATION IF DIFFERENT FROM ABOVE:		

PART 2: COURSE INFORMATION

(Check one) <input type="checkbox"/> Training is open to all operators. <input type="checkbox"/> Training is for in-house personnel only.	(Course Format – Check one) <input type="checkbox"/> In-person classroom training. <input type="checkbox"/> Virtual training. <input type="checkbox"/> Other: _____	
COURSE TITLE		
ADDRESS OF TRAINING LOCATION		
CITY, STATE	COUNTY	ZIP CODE
DATE(S) COURSE WILL BE HELD AT THIS LOCATION		TOTAL DAYS
NAME OF INSTRUCTOR(S)		

PART 3: BACKGROUND MATERIALS

A course outline is **required** for each course submitted for approval. Please submit a course outline showing the topic(s) to be presented and the time allotted for each topic, including beginning and ending times. All breaks and meal times must be noted. Indicate the anticipated number of renewal or training hours for each of the following (final approval may not concur):

DRINKING WATER TREATMENT:	WASTEWATER TREATMENT:
DISTRIBUTION SYSTEM:	CONCENTRATED ANIMAL FEEDING OPERATION:
MOST RECENT COURSE NUMBER (for repeat courses with no changes):	

Attach the following items and check that each is attached.

- Course outline showing topics and time allocated for each with beginning and ending times.
- The names of all instructors and each instructor's qualifications including any certification in Drinking Water Treatment, Distribution, Wastewater or Concentrated Animal Feeding Operations.
- Copy of all handouts.
- List of all audiovisual materials to be used such as videos, slides, and handouts.
- For virtual courses, include a description of how the trainer will monitor and verify attendance throughout the event.

PART 4: OPERATOR CERTIFICATION TRAINING VOUCHERS

Type of vouchers accepted as payment for this course (choose only one) <input type="checkbox"/> Drinking water <input type="checkbox"/> Wastewater <input type="checkbox"/> None	Cost of the course
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Not all courses will be eligible to accept vouchers. You will receive notification of this course's eligibility to accept vouchers with your course roster. If there are any questions, contact the department's Operator Certification Section.

NAME OF PERSON COMPLETING REQUEST	DATE
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