Utah Wastewater Operator Continuing Education (CEU) Request w/Roster

Name of Course:_____ Instructor(s):_____

Location Held:_____ Instructor Qualifications:_____

Name of Submitting Organization / Facility_____

Date:_____Begin Time:_____ End Time:_____ #CEUs Requested(.1/hr)_____

Objectives of Course:_____

_____

Attendees List: (Print clearly) Instructor's Signature:_____

ID #	Printed Name	Signature or Initials	Supervisor's Signature or Date Attended

Submit to: Wastewater Operator Certification
Division of Water Quality

By Mail:
PO Box 144870
Salt Lake City, Utah 84114-4870

Fax: (801) 536-4301

Deliver:
Multi Agency State Office Building
195 North 1950 West, DEQ 3rd Floor
Salt Lake City, Utah 84116