

Water/Wastewater Operations Specialist Training Records

Name: _____ Date Issued: _____

Certificate Classification(s): _____ Date Expires: _____

Certificate Number(s): _____ Renewal Hours Required: _____

Date(s)	Training Program/Description/Sponsor	Contact Hours	
		Water	Wastewater

Please track training on this form and submit to MPCA or MDH with the renewal form when renewing a water or wastewater certificate.