NEW YORK STATE OF OPPORTUNITY | **Department of Environmental Conservation**

Wastewater Treatment Plant Operator
Request for Renewal Training Course Approval

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 # (____) _____

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: _____

Return This Completed Form To:
NYSDEC
Bureau of Water Compliance
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: _____

Training Course Time Schedule

Day _____   Training Dates _____   Day _____

Time	Topic	Presenter	Time	Topic	Presenter
6:00			6:00		
6:15			6:15		
6:30			6:30		
6:45			6:45		
7:00			7:00		
7:15			7:15		
7:30			7:30		
7:45			7:45		
8:00			8:00		
8:15			8:15		
8:30			8:30		
8:45			8:45		
9:00			9:00		
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9:30			9:30		
9:45			9:45		
10:00			10:00		
10:15			10:15		
10:30			10:30		
10:45			10:45		
11:00			11:00		
11:15			11:15		
11:30			11:30		
11:45			11:45		
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4:00			4:00		
4:15			4:15		
4:30			4:30		
4:45			4:45		
5:00			5:00		