

WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY
Operator Individual Training Report (ITR)

Part 1: Operator Information

Name (First, MI, Last): _____ Operator ID (5 digits): _____

Email: _____ Phone: _____

Operator's signature: _____

Part 2: Course Information (complete on-site)

Course Name: _____

Location: _____ Date of Training: _____

Length of training (to the nearest ½ hour): _____

Hours in each area (Total may not exceed length of training listed above.):

_____ Water (W)	_____ Wastewater (WW)
_____ Distribution (D)	_____ Collection (C)

Part 3: Verification of Training by Instructor (complete on-site)

I certify, as either the instructor or proctor of this training, that the information presented in this document is to the best of my knowledge and belief, true, accurate and complete and that the individual here listed received the number of hours of instruction indicated. I am aware that there are penalties for submitting false information.

Training Sponsor/Provider: _____

Instructor Name: _____

Instructor Signature: _____ Date: _____

Please enter this training into your online Operator Certification account.

Please keep this original in your training file. If selected for an audit, you will be required to submit an electronic copy of this document to the Certification Officer to verify your attendance at this training.

Please contact opcort@wyo.gov if you have any questions regarding this process.