

**WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Operator Training Sign Up Sheet**

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**Course Information**

Course Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Length of training (to the nearest ½ hour): \_\_\_\_\_

**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: \_\_\_\_\_

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Each operator listed below must enter this training into their online Operator Certification account. If the operator is selected for an audit, an electronic copy of this document must be submitted to the Certification Officer to verify attendance at this training.

Name	Operator ID (5 Digit)	Area (W, D, WW, C)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		