



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM OPERATOR CERTIFICATION SECTION  
**REQUEST FOR TRAINING COURSE APPROVAL**

Complete one form **per training session and location**. This form should be sent to this office **at least 30 days prior** to the date of the proposed training to receive approval. Fax the form to 573-751-0678, e-mail the form to [opcert@dnr.mo.gov](mailto:opcert@dnr.mo.gov) or mail the form to the address below. If you have any questions, contact the Operator Certification Section at 573-751-1600 or 1-800-361-4827 or by mail: Missouri Department of Natural Resources, Operator Certification Section, P.O. Box 176, Jefferson City, MO 65102.

**PART 1: CONTACT PERSON INFORMATION (PLEASE PRINT)**

SPONSORING ORGANIZATION

CONTACT

ADDRESS

CITY, STATE

ZIP CODE

TELEPHONE NUMBER WITH AREA CODE

FAX WITH AREA CODE

E-MAIL

List the telephone number with area code that is to be published for ENROLLMENT information:

**PART 2: COURSE INFORMATION**

(CHECK ONE)

☐ TRAINING IS **OPEN** TO ALL OPERATORS.

☐ TRAINING IS FOR **IN-HOUSE** PERSONNEL ONLY.

COURSE TITLE

ADDRESS OF TRAINING LOCATION

CITY, STATE

COUNTY

ZIP CODE

DATE(S) COURSE WILL BE HELD AT THIS LOCATION

TOTAL DAYS

NAME OF INSTRUCTOR(S)

**PART 3: BACKGROUND MATERIALS**

A Course Outline is **required** for each course submitted for approval. Please submit a course outline showing the topic(s) to be presented and the time allotted for each topic, including beginning and ending times. All breaks and meal times must be noted. Indicate the anticipated number of renewal or training hours for each of the following (Final approval may not concur):

Drinking Water Treatment :

Wastewater Treatment:

Distribution System:

Concentrated Animal Feeding Operation:

MOST RECENT COURSE NUMBER

ATTACH THE FOLLOWING ITEMS AND CHECK THAT EACH IS ATTACHED.

☐ Course outline showing topics and time allocated for each with beginning and ending times

☐ The names of **all instructors** and each instructor's qualifications including any certification in Drinking Water Treatment, Distribution, Wastewater or Concentrated Animal Feeding Operations.

☐ **Copy of all handouts.**

☐ List of all **audiovisual materials** to be used such as videotapes, slides, slide/tape/electronic presentations, films and overheads.

**PART 4: VOUCHERS – DRINKING WATER TREATMENT & DRINKING WATER DISTRIBUTION TRAINING ONLY**

DO YOU WISH TO ACCEPT VOUCHERS AS PAYMENT FOR THIS COURSE?

☐ YES

☐ NO

COST OF THE COURSE

Not all courses will be eligible to accept vouchers. You will receive notification of this course's eligibility to accept vouchers with your course roster. If this course is eligible to accept vouchers, additional information about vouchers will also be included with the course roster. If there are any questions, contact the Operator Certification Section.

NAME OF PERSON COMPLETING REQUEST

DATE