

## Ohio EPA Operator in Training Documentation Form

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Which exam did you take: \_\_\_\_\_

Exam date: \_\_\_\_\_

Number of months needed to complete experience requirement \_\_\_\_\_

Employment Dates		Time in Months	Percent of Time on Wastewater Duties	Percent of Time on Water Duties
From Exam Date	To Present			
Your Title	Employer Name		Employer Address	

### DESCRIBE YOUR DUTIES ON THE BACK OF THIS FORM

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby verify that I have read this statement and declared that it is, to the best of my knowledge, true and accurate.

Supervisor's Signature: \_\_\_\_\_

Subscribed and duly sworn to before me according to law by the above at this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

at \_\_\_\_\_, county of \_\_\_\_\_, and state of \_\_\_\_\_.

Signature of officer: \_\_\_\_\_

**Return completed form to Ohio EPA, Certification Unit, P.O. Box 1049, Columbus, Ohio 43216-1049**

