Instructions

The **"Request to Conduct DEQ Approved <u>Standard</u> Training Class" form (next page)** is for instructors that want to get approved status for <u>standard</u> training that is to be conducted in the future. This form is for classes that are designed to provide the necessary training to pass a DEQ exam and must be taught by a <u>DEQ Approved Instructor</u>. It is available, on the forms page under Operator Certification forms or on the Operator Certification page. This form must be completed and submitted to DEQ prior to a class being conducted to get DEQ training credit. All classes must provide at least 4 hours of training time and more as appropriate for upper level classes. The completed form may be mailed, faxed or e-mailed to me as indicated at the bottom of the form. The form is provided in 2 different formats for your convenience. The Microsoft Word format (.doc) may be submitted by mail or fax (if you print it out and complete it) or e-mail (if you save it as a file, complete it and then attach the file to an e-mail message). The Acrobat PDF format may be printed, completed and mailed or faxed.

Please Note:
- A Request to Conduct DEQ Approved <u>Standard</u> Training Class and Online Exam form must be submitted *6 weeks prior to the class date* for <u>each class</u> to be considered for approval.
- Classes shall not be requested earlier than 4 months in advance.
- The Operator Certification Section must be notified <u>in writing</u> if any of the above information changes or cancellation. Emergency changes to the listed instructor must be reported immediately.
- DEQ attendance record forms must be completed and submitted within 10 working days of the first day of class for each approved class.
- DEQ approved classes may be monitored without announcement.
- DEQ approved classes must be primarily classroom-type sessions.

To get training listed in the Main Even Newsletter it must be submitted by the date listed below for each of the three editions:

Training Submission Deadline	Edition of the Newsletter
June 1st	August
October 1st	December
February 1st	April

Each class must be submitted with an hourly agenda, a detailed syllabus, completed checklist and a completed correct request form.

<u>Checklist</u>

☐ Hourly Agenda

☐ Class Syllabus

☐ Completed, correct request form

Date of Request: _____ Class #: _____

Request to Conduct DEQ Approved <u>Standard</u> Training Class and Online Exam

1. Sponsoring Group: _____

2. Approved Instructor: _____Operator License # _____

   Mailing Address (for Attendance Record Forms): _____

   City: _____ State: _____ Zip Code: _____

   Telephone # (Work / Home / FAX): _____/_____/_____

   E-mail Address: _____

3. Class Location: _____

   Street Address: _____

   City: _____ State: _____ Zip Code: _____

4. Is this class **OPEN** to anyone wishing to take the class? _____Yes _____No

5. Type of Class (check more than 1 if it applies):

_____Class C Distribution & Collection	_____Distribution & Collection Technician
_____Class D Water Operator	_____Class D Wastewater Operator
_____Class C Water Operator	_____Class C Wastewater Operator
_____Class B Water Operator	_____Class B Wastewater Operator
_____Class A Water Operator	_____Class A Wastewater Operator
_____Class C Water Laboratory Operator	_____Class C Wastewater Laboratory Operator
_____Class B Water Laboratory Operator	_____Class B Wastewater Laboratory Operator
_____Class A Water Laboratory Operator	_____Class A Wastewater Laboratory Operator

   Session #1 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #2 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #3 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #4 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #5 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #6 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #7 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____
   Session #8 Date:_____ Starting Time:_____ Ending Time:_____ # of Hours:_____

   Total Training Hours Requested: _____

6. Expected attendance (for Attendance Record Forms): _____

7. **Is an ONLINE EXAM offered?** _____Yes   Date: _____/_____/_____   Time_____

   Exam Location (If different from the class): _____

   Street Address: _____City_____

   Cell/Pager # or direct line to classroom where exam is given: _____

ALL STANDARD TRAINING CLASSES AND ASSOCIATED ONLINE EXAM REQUEST FORMS MUST BE SUBMITTED 6 WEEKS PRIOR TO THE FIRST DAY OF THE CLASS.

Mail to: Okla. Dept. of Environmental Quality, Operator Certification, P. O. Box 1677, Oklahoma City, OK 73101-1677 or FAX to: 405-702-8101 or E-MAIL to: opcerttraining@deq.ok.gov.

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