



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

**Operator Training and Certification  
Education and Training Program  
Participant Roster**

Issued under authority of the Michigan State Drinking Water Act, 1976 PA 399, as amended.

Use this form only if the course has been approved for continuing education credits (CECs) by the Drinking Water Advisory Board of Examiners. Please fill in the number of CECs assigned and the course code information in the space below. If CECs were assigned by day or by session, please indicate total CECs earned by each participant. All information provided on this form must be legible or proper credit cannot be awarded. Please ask participants to enter their Operator ID.

Name of Program: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

EGLE Course Code: \_\_\_\_\_ CECs Assigned: \_\_\_\_\_

VERIFICATION: I verify that the following individuals successfully completed this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Program: \_\_\_\_\_ EGLE Course Code: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

Name	Operator ID	Employer	CECs Earned

**RETURN COMPLETED FORM TO THE MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY (EGLE) OPERATOR TRAINING AND CERTIFICATION UNIT (OTCU)  
EMAIL: [EGLE-OTCU-TRAINING@MICHIGAN.GOV](mailto:EGLE-OTCU-TRAINING@MICHIGAN.GOV)**

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