OPERATOR TRAINING & CERTIFICATION PROGRAM (OTCP)
EDUCATION AND TRAINING PROGRAM
PARTICIPANT ROSTER

Issued under authority of Act 399, P.A. 1976

RETURN COMPLETED FORM TO: DEQ-OTCU-Training@michigan.gov

Name of Program _____

Program Date _____ Program Location _____

Contact Person: Name _____ Phone (_____)_____

Address _____

Use this form only if the course has been approved for CECs by the Drinking Water Advisory Board of Examiners. Please fill in CEC's assigned and course code information in the space below. If CEC's were assigned by day or by session, please indicate total CEC's 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.

MDEQ Course Code _____ CEC's Assigned _____

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

Signature_____
Contact Person Date

Name	Operator ID Number	Employer	CEC's Earned

OTCP EDUCATION AND TRAINING PROGRAM PARTICIPANT ROSTER, continued

Name	Operator ID Number	Employer	CEC's Earned