Mail to:	Commonwealth of Kentucky Department for Environmental Protection	*For Official Use Only* *Do not write in this space*
Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Sower Blvd. Frankfort, KY 40601	**Application for Certified Training Provider** *Drinking Water Treatment, Distribution, Bottled Water, Wastewater Treatment and Collection System* Telephone: 502-782-6189 eec.ky.gov/Environmental-Protection/Compliance-Assistance/operator-certification-program	Amount Paid: _____ Check Number: _____

COURSE SPONSOR INFORMATION			
Sponsoring Organization		Agency Interest Number	
Key Contact Person Name		Title	
Address	City	State	Zip Code
E-Mail Address	Web Page	Business Phone Number	

DESCRIPTION OF ORGANIZATION

DESCRIBE METHODS UTILIZED TO PROVIDE TRAINING (Online, In-person, Etc.)

DESCRIBE EVALUATION PROCESS (How the organization obtains metrics on educational outcomes and learner satisfaction.)

☐ **Credentials for All Instructors** (must be attached to submittal and include past and current instructor bio's)
☐ **2 Year KY Board Approved Training Provider** (List courses with course code numbers approved within the previous 2 years)

The application for Certified Training Provider must be submitted with a check or money order in the amount of $2,000 made payable to the Kentucky State Treasurer. Applications submitted without payment will not be processed. Fees are non-refundable.

INFORMATION VERTIFICATION (signature of sponsor's contact person requesting course approval)	
I confirm that all information provided with this application is accurate to the best of my knowledge. I understand if providing online courses I may be required to provide the Cabinet with login credentials for review purposes.	
Printed Name	Title
Signature	Date

Kentucky UNBRIDLED SPIRIT