

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

