



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

**UST OPERATOR TRAINING
DOCUMENTATION FORM**

USE THIS FORM TO DOCUMENT WHEN
CLASS A, B OR C OPERATOR TRAINING WAS COMPLETED

FACILITY NAME: _____

FACILITY ADDRESS: _____

PLEASE
PRINT

CITY, STATE & ZIP: _____

FACILITY ID NUMBER: _____

Operator Name	Operator Class A, B or C	Name of Trainer	Date Training Completed

