



Oregon Department of Environmental Quality

UST Operator Training Documentation Form

Underground Storage Tank Program

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

Facility name:

Facility address:

City, State and ZIP Code:

Facility ID number:

Please Print

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

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