



**Instructions:** Complete this form and submit with your operator certification renewal packet. You may be selected for an audit in March of the upcoming year, at which point you will need to submit certificates for all the below listed training.

**Date:** \_\_\_\_\_ **Certification #(s):** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Please only enter CEU's obtained for this renewal period.

Date of Activity	Provider and Location	Name of Training	Technical, Managerial, Financial, Discretionary	OESAC#	Contact Hours

**Hour Totals**

Technical	
Managerial	
Financial	
*Discretionary	
<b>TOTAL</b>	

\*Discretionary training may not exceed 4 contact hours per certification period (.4)

By signing below, I affirm that I am familiar with the requirements identified in OAR 333-061-0260 governing certification as a Water Treatment / Distribution Operator in Oregon, and that I have obtained the required amount of acceptable CEUs within the certification period as required.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_