



**Illinois
Environmental Protection Agency**



Illinois EPA – Operator Certification
 BOW/CAS#19
 1021 North Grand Avenue East, PO Box 19276
 Springfield, Illinois 62794-9276 Telephone 217-785-0561

OPERATOR TRAINING FORM

Operator Name *(please print)*

Water Operator 9-digit ID Number (not Social Security Number)

*Course ID Number 17320	Name of Company or Organization Providing Training IRWA/U.S. EPA, Jorge Santo Domingo, Terrell Tiendrebogo, and April Byrne		Course Training Name DWT Source Water Protection and Harmful Algal Blooms
Date(s) of Training 04/26/2022	Hours/Minutes 1 hour / 30 minutes	City (Where Training Occurred) Live Webinar - https://us02web.zoom.us/webinar/register/WN_mGNwBL_nRe-GRu7mgstHsw	
Provide summary of drinking water related training: In this webinar participants will learn about molecular monitoring approaches used in the detection and quantification of cyanobacterial groups and cyanotoxin genes implicated in harmful algal blooms. Additionally, information will be provided the Funding Integration Tool for Source Water (FITS), a one-stop-shop tool that explains how users can integrate various federal funding sources to support activities that protect sources of drinking.			

**Effective 7/1/2012, you must include Course ID Number on this form or it will be returned. Until 7/1/2012, if not known, leave blank.*

I certify that the above information is true and accurate and that I have successfully completed the above listed training. I understand that proof of training records must be maintained by me for a period of four years. I further acknowledge that falsification of this form or any form used in the certificate renewal process may result in denial of certificate renewal or restoration and is a cause of certificate revocation and/or suspension. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature: _____

Date: _____

Daytime Phone: _____