

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 Name of Company or Orga		anization Providing Training	Course Training Name	
	EPA/Alison Souders, Financial Analyst, EPA Clean Water State			
20174	Revolving Fund Program/ Maire Cunningham, Program Manager, New		WWT/ Introduction to the Clean Water State Revolving	
	York State Environmental Facilities Corporation/ William A. Brizzell,		Fund (CWSRF)	
	Jr., P.E., Director of Engineering, New York State Environmental			
	Facilities Corporation			
Date(s) of Training	Hours/Minutes	City (Where Training Occurred)		
		Webinar/https://events.teams.microsoft.com/event/ba56dd60-a6d1-48d6-bf0f-ee2b11009fd2@37247798-		
05/15/2024	f42c-42fd-8a37-d49c7128d36b/registration			
Provide summary of wastewater/e	drinking water related trainin	g: In this webinar, you will learn: How the CWS	SRF program works. What types of projects the CWSRF	
program can fund. How to succe	ssfully apply for financing.	Real world examples and experiences from comn	nunity recipients. What resources are available for	
information and technical assistar	nce. Where to go for more in	nformation and breaking news about future oppor	tunities!	
*Effective 7/1/2012, you must inc	lude Course ID Number on t	his form or it will be returned. Until 7/1/2012, if	not known, leave blank.	
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I certify that the above information	on is true and accurate and the	at I have successfully completed the above listed	training. I understand that proof of training records must be	
			used in the certificate renewal process may result in denial of	
			nowingly makes a false, fictitious, or fraudulent material	
			after conviction is a Class 3 felony. (415 ILCS 5/44(h))	
Signature:		Date:	Daytime Phone:	