



# 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  20756	Name of Company or Organization Providing Training  EPA Water Infrastructure and Cyber Resilience Division		Course Training Name  WWT/How to Prepare Your Wastewater Utility for Disasters-Flood and Cybersecurity Scenarios
Date(s) of Training  09/19/2024	Hours/Minutes  90 MINUTES	City (Where Training Occurred)  Virtual - <a href="#">Meeting Registration - Zoom (zoomgov.com)</a>	
Provide summary of wastewater/drinking water related training: This webinar will: 1) Demonstrate how to use EPA’s new Small System Risk and Resilience Assessment (RRA) Checklist for Wastewater Utilities using flood and cybersecurity scenarios, 2) Demonstrate how to use EPA’s Emergency Response Plan (ERP) Template for Wastewater Utilities, 3) Provide information on a new opportunity where small wastewater system operators may be eligible to earn Continuing Education Units (CEUs) for creating an RRA and ERP.			

*\*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: \_\_\_\_\_