

Appendix B- UST Facility Trained Operator Designation Form

Facility Name: _____ Facility ID Number: _____

I, _____, the permittee or authorized signatory of the permittee of the above facility, have designated the following individuals as the Class A and B operators for this facility. A copy of the certification(s) is attached.

NOTE: Certification of an operator is valid for two years.

Class A Operator

Name: _____

Training Certified by: _____

Date of Training Expiration: _____

Class B Operator

Name: _____

Training Certified by: _____

Date of Training Expiration: _____

Signature of Permittee or Designee

Date