

**State of Vermont**  
**Wastewater Operator Certification Program**  
**Affidavit for Reporting Attendance at Approved Wastewater Courses**

**September 2014 Wastewater Facility Operator Certification Rules**

**Section 6.(b)** Applicants holding provisional certificates and **Section 6.(c)** Applicants for renewal; must present evidence to the Department that demonstrates the completion of at least the hours listed below for courses, short courses, or seminars in order to be eligible for a full certificate or renewal of an existing certificate. Such courses, short courses or seminars must relate to the field of wastewater treatment and be approved by the Advisory Board.

Effective October 1, 2014, a completed, signed affidavit form will be used by the Department for wastewater training verification purposes in lieu of copies of course completion certificates.

**Training Hour Requirements**

| Grade | Provisional | Domestic<br>Renewal | Industrial<br>Renewal |
|-------|-------------|---------------------|-----------------------|
| 1     | 10          | 20                  | 10                    |
| 2     | 12          | 25                  | 15                    |
| 3     | 15          | 30                  | -                     |
| 4     | 15          | 30                  | 30                    |
| 5     | 20          | 40                  | -                     |

CONVERSION: 0.1 continuing education unit (CEU) = 1.0 training contact hour (TCH)

Training listed below must be obtained within your current certificate issued and expiration dates.

| Date of Attendance     | Course Title                           | Sponsor                   | Taken on-line or webinar? | Number of Training Hours |
|------------------------|--|---------------------------|---------------------------|--------------------------|
| Example:<br>MM/DD/YYYY | Example:<br>Pumps and Pump Maintenance | Example:<br>Acme Plumbers | Ex.<br>Y or N             | Example:<br>3.5          |
|                        |  |                           |                           |                          |
|                        |  |                           |                           |                          |
|                        |  |                           |                           |                          |
|                        |  |                           |                           |                          |
|                        |  |                           |                           |                          |
|                        |  |                           |                           |                          |

Attach a sheet indicating the same information for additional training.

|   |  |   |  |
|---|--|---|--|
| Number of Hours Required (from above list): |  | <b>TOTAL HOURS OBTAINED</b><br>(sum of hours in column on right): |  |
|---|--|---|--|

I swear or affirm that the information herein is, to the best of my knowledge, complete and accurate and that I did in fact attend, for the number of hours indicated, the courses listed. I acknowledge falsification will result in revocation of my certificate.

Certification Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ **Signature:** \_\_\_\_\_