

GA Operator Certification Reimbursement Program

Course Verification form

Georgia Environmental Protection Division

Water Resources Branch

Drinking Water Program

**REIMBURSEMENT IS CONTINGENT UPON PASSING THE SoS BOARD
CERTIFICATION EXAMINATION & ISSUANCE OF LICENSE**

Operator Name: _____

Vendor #: _____
(you will not have a vendor # until you have received your 1st reimbursement)

License #: _____

Name of Operator's Facility: _____

WSID #: _____
(be sure to include the WSID before submitting for reimbursement)

Operator Address: _____

Operator Telephone #: _____

Operator Fax #: _____

Operator e-mail: _____

Date of Course: _____

Training Center: _____

Course: _____

Course Cost: _____

Hours Earned: _____ Points Earned: _____

Pertinent to Trainer:

" I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and that the operator stated above has completed the course requirements noted above in accordance with the GA EPD Operator Certification Reimbursement Program."

Trainer: _____ **Signature of Trainer:** _____

**TRAINER MUST SIGN COURSE FORM FOR OPERATOR TO RECEIVE
REIMBURSEMENT**

Submit form with any backing documents to:
Rebecca Mason, Grants Assistant
GA EPD Operator Certification Reimbursement Program
2 Martin Luther King, Jr. Drive SE, Suite 1362-E
Atlanta, Georgia 30334-9000
rebecca_mason@dnr.state.ga.us ; Ph 404-657-7665