



NEIWPCCC  
c/o Joint Environmental Training Coordinating Committee



Requests for approval require up to 15 business days for review.

**Wastewater Operator Certification Program**  
**Application for Approval of Training Contact Hours (TCHs)**

To obtain approval, please complete this form and submit with supporting documentation.

Name of Person or Organization Requesting Approval: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**COURSE INFORMATION:**

Course Title: \_\_\_\_\_

Training Organization and Contact Name: \_\_\_\_\_

Training Organization Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Presenter's Name: \_\_\_\_\_

Presenter's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Location of Training: \_\_\_\_\_ Number of TCHs requested: \_\_\_\_\_

Begin & End Times of Training: \_\_\_\_\_ Breaks (# and Mins) \_\_\_\_\_ Lunch (Minutes) \_\_\_\_\_

Please provide a description of how the proposed wastewater training class, session, or webinar has relevance to the operation and maintenance, safety, or management of a wastewater treatment plant:

Attach additional sheet if necessary

**Attach the following supporting documentation:**

Agenda, brochures, or materials that describe the training topics covered and the time allotted for each topic of the class. Check-in, breaks, and lunch times must also be noted. (*\*Note: time taken for check-in, breaks, and lunch is not eligible for credit hours*).

Instructor(s) credentials – this could be a brief paragraph explaining their credentials or they may provide a Bio or Resume. (*Note: you do not need to provide credentials if the instructor has already been DEP-approved*).

**SUBMIT THIS FORM WITH THE ABOVE SUPPORTING DOCUMENTATION TO:**

NEIWPCCC-JETCC  
584 Main Street  
South Portland, ME 04106  
Email: certification@neiwpccc-jetcc.org  
Office: (207) 253-8020 Fax: (207) 771-9028