

On-the-Job Practical Training

Name of Operator:

Signature of Operator:

I declare that all information in this application is true and I understand it is an offence under the *Safe Drinking Water Act* to provide false information.

Date of Training Session	Topic(s) of Training (include course name if applicable; list of major topics)	Training Provider/ Instructor's Name	Telephone Number of Training Provider*	Duration (Hours)

* If instructor is not an employee of the operating authority

Signature of Supervisor:

Title: