Division of Drinking and Ground Waters
Operator Certification Unit

Completed Contact Hour Course List

Name:	Home Phone:
Certificate:	Office Phone:
Employer:	Email Address:

Check Box if you hold more than 1 certificate ☐
* 25% fewer contact hours needed if 2 or more certificates held

Contact Hours Required: **Note: At least 50% of your contact hours must be OM**

"OM" Hours Course Approval #	Course Name	Training Provider	Date training completed	Contact Hours applied to this certificate
			OM Total	

"X" Hours Course Approval #	Course Name	Training Provider	Date training completed	Contact Hours applied to this certificate
			X Total	
			Overall Total	

(Please attach additional sheets if necessary. Additional sheets should be signed and dated.) Additional sheets can be obtained at www.epa.ohio.gov/ddagw/opcert.aspx.

I, the undersigned, do solemnly swear that statements made and information contained in this renewal application are true and correct. I also understand that submission of fraudulent or falsified information shall subject me to disciplinary action in accordance with Ohio Administrative Code Rule 3745-7-12

Print Name _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Revenue ID:_____ Core Person ID:_____ Amount Due:_____

Date:_____ Check Number:_____ Check Date:_____

Date Received:_____ Check ID:_____ Total Fees Paid:_____