

**Ohio EPA Operator in Training Documentation Form**

Name:		Core I.D.# <b>OR</b> last 4 digits of your Social Security #		
Date:	Home Phone:	Business Phone:		
Home Address:				
City:		State:		Zip:
Which exam did you take:			Exam Date:	
<b>Exam Date:</b>		<b># of months needed to complete experience requirement:</b>		
<b>Employment Dates From:</b>	<b>To:</b>	<b>Time in months:</b>	<b>% of time on wastewater duties:</b>	<b>% of time on water duties:</b>
1.				
2.				
3.				
4.				
<b>Your Title:</b>		<b>Employer's Name:</b>		<b>Employer's Address:</b>
1.				
2.				
3.				
4.				

