

APPLICATION FOR UNDERGROUND STORAGE TANK
CONTINUING EDUCATION COURSE APPROVAL

Please print or type

Return To: Louisiana Department of Environmental Quality
Solid and Hazardous Waste Permits Section
P. O. Box 4313
Baton Rouge, LA. 70821-4313

Date Received _____
Reviewed By _____

A. IDENTIFYING INFORMATION

Name of Training ProviderE-Mail Address:

Title of Course

Mailing Address (Street Name & Number, P. O. Box or Rural Route and Box Number)

City/TownStateZip Code

() ()

Name of Person to Contact Regarding ApplicationTelephone NumberFax Number

B. CATEGORY OF TRAINING COURSE

____ Installation/Repair ____ Closure ____ Installation/Repair/Closure

C. TRAINING COURSE CERTIFICATES

Attach a sample of the certificate that will be issued to persons completing the training course. All certificates must include:

1. A space for the course number issued by the Louisiana Department of Environmental Quality (LDEQ);

2. A space for the participant's name and LDEQ certification number;

3. The number of hours to be credited to participant; and

4. The date and location of the training course.

D. DATES, TIMES AND LOCATIONS OF COURSE

Provide the proposed dates, times and locations of the course addressed in this application.

Date (Month Day & Year)	Time (Start to Finish)	Location (City)
Date (Month Day & Year)	Time (Start to Finish)	Location (City)
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Date (Month Day & Year)	Time (Start to Finish)	Location (City)
Date (Month Day & Year)	Time (Start to Finish)	Location (City)

E. COURSE CREDIT HOURS

Indicate the total number of credit hours being requested for this course

F. CERTIFICATION

I certify that the technology or methods that will be presented in the training course addressed in this application, and all attachments will satisfy the Louisiana Department of Environmental Quality rules, and state and federal laws governing the installation, repair or closure of underground storage tanks.

Signature

Date

Name and Title of Person Authorized to Sign for Organization

UST-CC-2

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REVISED AUGUST 24, 2001

G. VERIFICATION OF ATTENDANCE

Describe the method to be used to verify participant's attendance at all sessions of the training course. Attach documents to be used for this purpose.

H. COURSE INSTRUCTORS

Provide the name(s) of the individual(s) that will be instructing the training course and list their credentials

Instructor Name
Credentials

Instructor Name
Credentials

Instructor Name
Credentials

Instructor Name
Credentials

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I. COURSE SESSIONS		
Complete the information below for each session. If you cannot list all sessions on this application, you may use a supplementary sheet. Attach copies of all documents to be distributed to persons attending the course.		
Session Topic	Description of Information To Be Presented In Session	Training Material To Be Used (list all reference documents, films, etc., to be used)
Time Allotted for Session		
Name of Instructor		
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Time Allotted for Session		
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