



Department of Natural Resources
 and Environmental Control
 Tank Management Section
 391 Lukens Drive
 New Castle, DE 19720
 302-395-2500 (phone)
 302-395-2555 (fax)
 www.dnrec.delaware.gov/Tanks/

OPERATOR TRAINING CERTIFICATION

Complete one form per Operator

Operator Name: _____
Please type or Print legibly

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (_____) _____

Operator Class: (check all that apply)

- Class A** ___/___/___ Date training completed **OR** ___/___/___ Date of reciprocity exam
- Class B** ___/___/___ Date training completed **OR** ___/___/___ Date of reciprocity exam

***It is the responsibility of the A or B Operator to ensure there is a trained C Operator for each facility. The names of the Class C Operators do not need to be submitted to the DNREC-TMS but must be available upon request.**

Name of Company: _____
Please type or Print legibly

Facilities:

List all Facilities (see back of form for additional spaces) for which you are a designated Operator and indicate the date you became the specified Operator for the facility. This is the date your company designated you as the Operator for this facility; this date may or may not be the same as the date you completed training.

Facility ID#	Date assigned as Facility Class A Operator	Date assigned as Facility Class B Operator
EXAMPLE: 3-000001	3/29/11	3/29/11

