



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/](http://www.dnrec.delaware.gov/Tanks/)

## OPERATOR TRAINING CERTIFICATION

Complete one form per Operator. Please type or print legibly.

**Operator Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**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
- Class C**    \_\_\_/\_\_\_/\_\_\_ Date training completed **OR** \_\_\_/\_\_\_/\_\_\_ Date of reciprocity exam

**Name of Company:** \_\_\_\_\_

**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	Date assigned as Facility Class C Operator
<b>EXAMPLE:</b> 3-000001	3/29/11	3/29/11	

