MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
CONTINUING EDUCATION CREDIT TRAINING APPROVAL REQUEST FORM
TRAINING APPROVAL REQUEST FORM

WASTEWATER CEC TRAINING APPROVAL REQUEST MUST BE SENT IN 45 DAYS BEFORE THE TRAINING DATE.

SPONSOR(S): _____

MAILING ADDRESS: _____
Address **City** **State** **Zip**

CONTACT: _____ **PHONE:** _____

TITLE / TYPE TRAINING: _____

DATE(S) OF TRAINING: _____

LOCATION: _____
Facility **Address** **City** **State** **Zip**

DATE	TIME FROM TO	TOPIC (ATTACH PROGRAM)	INSTRUCTOR(S) NAME	QUALIFICATIONS TITLE / EMPLOYER	MDEQ USE ONLY

MDEQ USE ONLY

MDEQ SPONSORED APPROVED CEC CERTIFICATE ISSUED: _____
NON-MDEQ SPONSORED APPROVED CEC CERTIFICATE ISUUED: _____
TRAINING NOT APPROVED FOR CEC'S _____

SIGNED: _____ **DATE:** _____
For MDEQ PCO Board of Examiners

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Certification Administration

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