## 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.

Spons	sor(s):							
Mai	ling Address:							
	Email Ad		Address		City	State	Zip	
Contact:			Phone:					
Titl	e/Type of Trai	ning:						
	ate(s) of Train							
Locat	tion:							
Facility		Address		City	State Zip			
DATE	TIME		TOPIC		INSTRUCTOR(S)	QUALIFICATI	ONS	MDEQ
	FROM	то	(ATTACH PROGR	AM)	NAME	TITLE / EMPLO	OYER	USE ONLY
NON-MD TRAININ	DEQ SPONSOR NG NOT APPRO	ED APF	ED CEC CERTIFIC PROVED CEC CER		SUED: TE ISUUED:			
SIGNED	For MD	EQ PCO	Board of Examiner	S	DA	TE:		
	En	vironme	ntal Training Instruct	ors		Certification Adr	ninistra	tion
No. 8 CR 413 1542			Mathew Carr South Regional Office Old Whitfield Rd MS 39208  Mathew Carr South Regional Office 1141 Bayview Ave. Ste.208 Biloxi, MS 39530		Office of Pollution Control Shontrell Winters P.O. Box 2261 Jackson, MS 39225-2261			

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