

DPW, Environmental Division Training Registration and Certification Form

All Entries Must Be Typed or Form Will Not Be Accepted!

Type of Training - Check One 1. Training Date(s): _____

- | | |
|--|--|
| <input type="checkbox"/> 2. *Environmental Officer(EO) Course - 40hrs
Which EO/BEM appointment applies to you:
a. Primary EO <input type="checkbox"/> b. Alternate EO <input type="checkbox"/> | <input type="checkbox"/> 5. Stormwater Industrial (SWI) - 2hrs
<input type="checkbox"/> 6. EO Refresher Training - 40hrs
<input type="checkbox"/> 7. HMHW Annual Refresher Training - 1.2hrs |
| <input type="checkbox"/> 3. ***Hazardous Materials/Hazardous Waste Mgmt (HMHW) Training - 16hrs | |
| <input type="checkbox"/> 4. Spill Prevention Control & Countermeasures (SPCC) - 3.5hrs | |

Student Information

8. Name: _____
LAST NAME FIRST NAME MI

9. Phone Number _____ 10. Rank or Grade _____ 11. Email (mail.mil) _____

12. Brigade/Group/Directorate Name: _____
 13. Battalion/Squadron/Division Name: _____
 14. Company/Unit/Branch Name: _____
 15. Office Bldg No: _____

16. Signature: _____
(Note: If the student does not have access to a computer, student must manually sign the form.)

Environmental Training Staff Certification

- | | |
|--|--|
| 17. Environmental Officer Course IAW AR 200-1
**EO Appointment ltr is a required prerequisite (see instructions) | Date Completed: _____
Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Hazardous Materials/Waste Management Course IAW 40 CFR 265.16 | Date Completed: _____ |
| 19. Spill Prevention Control & Countermeasures (SPCC) | Date Completed: _____ |
| 20. Stormwater Industrial Training (SWI) | Date Completed: _____ |
| 21. EO Refresher Training | Date Completed: _____ |
| 22. HM/WM Annual Refresher Training | Date Completed: _____ |

Approving Authority

I certify that the prerequisite listed above has been accomplished and that all other information on this form is complete and accurate. I designate the place of duty for the above named is in the classroom specified for training.

20. Phone Number _____	21. Signature of Supervisor _____
22. Date _____	23. Typed or Printed Name and Grade _____
	24. Typed or Printed Title (Suupervisor) _____
25. Email of Supervisor: _____	

***EOs must refresh training every three years to maintain certification.**
*****HMWM handlers must attend refresher training annually to maintain certification.**

DO NOT WRITE IN THIS BLOCK - FOR ENVIRONMENTAL USE ONLY.

DATE OF TRAINING _____ APPROVED
 DISAPPROVED

Signature of Environmental Training Manager: _____