



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/

**File Code: 02**

**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

