	PUBLIC WATER SUPPLY D CONTINUING EDUCATION State Form 45674 (R / 08-2005) Pending Approval by State Board of Acc 327 IAC 8-12-7.6 Edition 2003 INDIANA DEPARTMENT OF ENVIRON DRINKING WATER BRANCH	CREDIT REP	PORT	in nu fo In	ndiana umbe orm. diana	ure proper credit, the a Drinking Water approval r MUST be submitted on the Drinking Water Approval Number G19-6927	
Mail	Indiana Department of Environmental Management				aximu	m Credit Hours	
to:	OWQ Drinking Water Branch - Mail Code 66-34				Two (2) general		
	100 N. Senate Avenue				contact hours		
	Indianapolis, IN 46204-2251						
certifica Mail accorda Since No cred	form must be completed in order for the attention for which you are requesting credit. The original form to IDEM at the above addreation of the above addreation with 327 IAC 8-12-7.6. The this is a form of attendance verification, it is a first of the above addreation of attendance verification of attendance when original signature attendance verification of a	ess. The Trainin s requested that	g Provider must retain a this form be distributed	copy of the during the la	comp tter p	leted form for their records in	
Name of certified operator Mailing address (Mailing address (numl	er and stree	et):		
City:			State:	ZIP code:		Work telephone number: ()	
Check here if this is a change of address. Title of training course:						Home telephone number: ()	
Name of	Contractor Dat organization offering the course	mage Prevent	ion & Pipeline Safe	ty Progran	n		
	of contact hours approved for the course	Paradigm L	iaison Services				
		Two (2	2) general				
	CREDI	T APPLIED T	O DRINKING WAT	ER:			
Operator	r certification number:	(Class/Grade:	Expiration Date:			
Operator	r certification number:	ication number: Class/Grade:		Expiration Date:			
Operator certification number:			Class/Grade: Ex		xpiration Date:		
Operator	Operator certification number:		Class/Grade:		Expiration Date:		
Operator	rtification number: Class/Grade:		Class/Grade:	Expiration Date:			
Operator	erator certification number:		Class/Grade:		Expiration Date:		
Operator	perator certification number:		Class/Grade:		Expiration Date:		
Operator	r certification number:	(Class/Grade:	Exp	Expiration Date:		
Date Atte	Date Attended: (Required) Location attended:						
Number	of contact hours attended and verified: (Require	ed) 2.0					
Signatur	e of instructor or training provider: (Required)	P	ohn Cory				
Signatur	e of drinking water operator: (Required)	0	·				