

Course Information

Title _____

Location of Training (City) _____

Attach the name, address, phone number and professional qualifications of each instructor (REQUIRED).

Date of Training _____ CEU ID Number _____

Date of CEU Assignment _____ CEU Assigned _____

TO SUBMIT:

EMAIL TO:
SubmittalsWCS@greenriver.edu

OR

MAIL TO:
Washington Certification Services
Green River College
1221 D Street NE
Auburn, WA 98002

Sponsor Information

Please do not use staples

Sponsoring Organization _____

Contact Name _____ Email _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (including area code) _____

Please list participants in alphabetical order. List everyone who completes the training even if no ID is provided. The waterworks certification number is mandatory in order to record training completion information to the transcripts of certified waterworks operators. If additional space is needed for listing participants, use the [Professional Growth Training Roster Attachment](#) form.

Last Name (in alphabetical order)	First Name	Water Certification Number (Mandatory)	CEU Awarded	For Office Use