# Application Requesting Approval of Training for Occupational Licensing

Occupational Licensing & Registration Division

**A. Type of Training-** This application is requesting approval of (check one and provide all items described in the indicated checklist from RG-373, *Approval of Training for Occupational Licensing.*

Classroom training- TCEQ-approved manual (Checklist 1)
Classroom training- new manual (Checklist 1)
Conference, seminar, workshop, etc. (Checklist 2)
Assoc. meeting training, single event (Checklist 3)
Assoc. meeting- annual review, multiple chapters (Checklist 3)

Correspondence training (Checklist 4)
Technology-based training (Checklist 5)
Webinar (Checklist 6)
Other

**B. Type of Application-** Check which best describes this training application:

New/Standard    Response to Deficiency    Re-approval    Recall    Other:

*Note: If the response is received over 60 days from the deficiency date, the original application is expired. Submit a new application and fee along with the changes highlighted or clearly listed.*

**C. License Type: Check the Occupational License(s) which may apply** *(Note: TCEQ will make the final determination):*

Backflow Prevention Assembly Testers
Customer Service Inspectors
Wastewater Operators
Water Operators – Public Systems
Municipal Solid Waste Facility Supervisors
Visible Emission Evaluators Maintenance Providers

Landscape Irrigators, Technicians, Inspectors
Leaking Petroleum Storage Tank Project Managers
Underground Storage Tank On-Site Supervisors
Water Treatment Specialists – Residential
OSSF Installers, Site Evaluators, Designated Reps &

**D. Information about the Training Provider**

Name of Training Provider/Organization          Contact Person          Role/Title

Mailing Address          City          **State** **Zip**          Phone

Email Address          Web URL          Fax

**E. Information about the Training**

Requested Title of Training          Hours of Training Credit Requested

Date, Time, Location, (*if applicable*)

Is the requested training intended to be a core course, i.e., training required to obtain a TCEQ license?          Yes          No

If Yes, core course name and # (if known)

**F. Certification**

*I certify that I have reviewed and verified the information in this application and its attachments and found the information to be true and correct to the best of my knowledge.*

*I understand that I am solely responsible for the content of these training materials and their presentation.*

Signature of Company Owner or Authorized Agent          Role/Title          Date

**Be advised that approval carries the responsibility of the training provider complying with all applicable rules and regulations in 30 Texas Administrative Code Chapter 30. Training must also meet all general and delivery standards in addition to including the checklist items.**

**Please submit this form to the Training Team of the Occupational Licensing & Registration Division at: OLTraining@tceq.texas.gov**

**Questions? Contact the TCEQ Training Team at: OLTraining@tceq.texas.gov**