

### Course Information

Title \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

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

CEU ID Number \_\_\_\_\_

Date of CEU Assignment \_\_\_\_\_ CEU Assigned \_\_\_\_\_

Fax or electronic submittals will not be accepted.  
Mail this completed form with all attachments to:

**Washington Certification Services**  
**Green River College**  
**1221 D Street NE**  
**Auburn, WA 98002**

### Sponsor Information

Sponsoring Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_

You must list participants in alphabetical order. List everyone who completes the training. 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