Application Requesting Approval of Training for Occupational Licensing

Occupational Licensing & Registration Division

This form is for training providers requesting TCEQ core or continuing education credit for their training. Refer to TCEQ's Training Regulatory Guidance (RG-373) for a list of required documentation and deadlines. Incomplete submissions may result in delays in the application review process.

A. Training Provider Information

_____ _____ _____
Name of the Training Provider/Organization Code (if known) Contact & Role/Title

_____ _____
Email Web URL

_____ _____ _____ _____ _____
Mailing Address City State Zip (Area Code) Phone

B. Requested Training Information

_____ _____
Requested Training Title Credit Hours Requested

_____
Date, Time, Location (if applicable)

Is the requested training intended to be a core course (required to obtain a license)? ❑ Yes ❑ No

If Yes, core course name and code (if known): _____

Core courses with an instructor not previously approved by TCEQ require an additional Instructor Qualification form that must be submitted with this application (see Appendix C of the RG-373).

C. Training Type Event and Delivery Method

Refer to Appendix A of the RG-373 for a checklist of requirements by training type.

Training Type Event *(choose one)*	Delivery Method *(choose one)*
◯ Classroom *(Select one below)* ◯ New Manual or Instructional Material ◯ TCEQ Approved Manual Provider: _____ ◯ Conference, Seminar, Workshops, etc. ◯ Association Meeting	◯ In-person (interactive instructor-led and delivered in real time at the same physical location) ◯ Live-Online (interactive instructor-led delivered virtually in real time) ◯ Live Hybrid (in-person and live-online)
◯ Prerecorded (previously recorded or developed through a virtual or online platform) ◯ Correspondence (paper-based and conducted through a postal system, electronic-based, or a blend of these delivery systems)	◯ Self-paced (using various technologies with a separation of place and time between the instructor or learning resources and the learner)

D. Check the requested program(s) and fill in the requested Continuing Education (CE) credits

Occupational Licensing Programs	Requested CE Credits	Occupational Licensing Programs	Requested CE Credits
❑ Backflow Prevention Assembly Testers		❑ OSSF Installers, SE, DR & MP	
❑ Customer Service Inspectors		❑ Underground Storage Tank On-Site Supervisors	
❑ Landscape Irrigators, Technicians, Inspectors		❑ Wastewater Operators	
❑ Leaking Petroleum Storage Tank Managers		❑ Water Operators – Public Systems	
❑ Municipal Storage Waste Facility Supervisors		❑ Water Treatment Specialist	

E. Resiliency Training Is the requested training considered "resiliency": ❑ Yes ❑ No
Refer to Appendix D of the RG-373 for core and continuing education course requirements. *(If training is not resiliency, skip this section and continue to section F).*

Type of Resiliency Training *(choose one)*

- ◯ Revise the existing approved Basic Waterworks Operations core course to add the 2-hour **Resiliency Overview** core training. TCEQ approved course code: _____
- ◯ Standalone 2-hr **Resiliency Overview** core course.
- ◯ Standalone resiliency training course to meet **continuing education** requirements for renewal. Topics for Standalone Resiliency Training to meet CE Renewal Requirements (c*hoose one or more)*

  - ❑ State Disaster Assistance
  - ❑ Emergency Preparedness Plans
  - ❑ Incident Command System/ National Incident Management System
  - ❑ Mutual Aid Agreements
  - ❑ Critical Water System Components

Other Resiliency Requirements Provide the curriculum, manual, and qualifications of the presenter(s)/instructor(s) and subject matter expert(s) who developed the training.

F. Training Application Fee Refer to Appendix E of the RG-373 for fees and payment options.

◯ **Payment by Check** ◯ **ePay** **Payment: $ _____ Voucher #: _____**

H. 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 or any questions to the Training Team of the Occupational Licensing & Registration Division at: OLTraining@tceq.texas.gov