

**Oregon Environmental Services Advisory Council
CEU ROSTER SUBMITTAL**

OESAC Course No. _____ Completion Date _____

Course Title _____

(Must be exactly the same as submitted to OESAC and on the Certificate)

Sponsor _____ City/State _____

Print or Type Full Name (name used on certificate)

Oregon Cert. No.
(Or Place of Employment)

Uncertified

Total CEUs Earned

DW WW O2-I O2-SP DW WW O2-I O2-SP

1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Photocopy and attach additional pages of this form as needed for larger groups. **Do not use social security numbers.** Should a person not know their certificate number(s), enter their place of employment or leave blank. This roster does NOT negate the need for the trainer or sponsor to issue a document (certificate) of attendance to each participant. If DHS Drinking Water or DEQ are not able to assign the CEUs, the operator will need to submit their certificate of attendance to the agency as requested.

Mail completed roster(s) as appropriate to:

DHS Drinking Water Operator Certification, P. O. Box 14450, Portland, OR 97293-0450 Phone 971/673-0413
 DEQ Wastewater Operator Certification, 400 Scenic Dr. Suite 307, The Dalles, OR 97058 Phone 800/452-4011
 O2WA

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