



2894 – 106th Street, PO Box 7628
 Urbandale, IA 50323
 800-942-1000, 515-334-3001 (phone)
 515-334-3013 (fax)

A/B Operator Designations

Policy # _____ Site Address _____

Site Name _____ City/Town _____

Please fill in the following information for those persons on site who have obtained the following operator certifications:

| Class A Operator | Class B Operator |
|------------------|------------------|
| Name: | Name: |
| Trainer: | Trainer: |
| Training Date: | Training Date: |
| Certificate #: | Certificate #: |

| Class A Operator | Class B Operator |
|------------------|------------------|
| Name: | Name: |
| Trainer: | Trainer: |
| Training Date: | Training Date: |
| Certificate #: | Certificate #: |

| Class A Operator | Class B Operator |
|------------------|------------------|
| Name: | Name: |
| Trainer: | Trainer: |
| Training Date: | Training Date: |
| Certificate #: | Certificate #: |

| Class A Operator | Class B Operator |
|------------------|------------------|
| Name: | Name: |
| Trainer: | Trainer: |
| Training Date: | Training Date: |
| Certificate #: | Certificate #: |

Important: This form should be used to document all designated and trained UST Operators for the specified location. All applicable information must be completed for each trained individual and kept current with any changes in designation. In addition, this form must be filed with respective course certificates to document compliance.