

LISTING OF DESIGNATED UST OPERATORS

State Registration No.	
Facility Name	
Facility Address	
Facility City/Zip	
Facility Phone Number	

CLASS A OPERATOR CERTIFICATION INFORMATION

Primary A Operator	
Phone Number	
Training Date	
Name/Company of Trainer	

Additional A Operator	
Phone Number	
Training Date	
Name/Company of Trainer	

CLASS B OPERATOR CERTIFICATION INFORMATION

Primary B Operator	
Phone Number	
Training Date	
Name/Company of Trainer	

Additional B Operator	
Phone Number	
Training Date	
Name/Company of Trainer	

CLASS C OPERATOR CERTIFICATION INFORMATION

Operator Name	
Phone Number	
Training Date	
Name/Company of Trainer	

Operator Name	
Phone Number	
Training Date	
Name/Company of Trainer	

Operator Name	
Phone Number	
Training Date	
Name/Company of Trainer	

Operator Name	
Phone Number	
Training Date	
Name/Company of Trainer	

Operator Name	
Phone Number	
Training Date	
Name/Company of Trainer	

Operator Name	
Phone Number	
Training Date	
Name/Company of Trainer	

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.