



**GA EPD OPERATOR CERTIFICATION REIMBURSEMENT PROGRAM**  
**Operator Course/Exam/Post Certification Expense Report**



Submit to:  
**Rebecca Mason, Grants Assistant**  
 GA EPD Operator Certification Reimbursement Program  
 2 Martin Luther King, Jr., SE, Suite 1362-E  
 Atlanta, Georgia 30334-9000  
 rebecca\_mason@dnr.state.ga.us; 404-657-7665

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**YOU MUST BE CURRENTLY SERVING AS AN OPERATOR AT A GEORGIA CWS OR NTCWS SERVING 3,300 PERSONS OR FEWER TO BE ELIGIBLE FOR REIMBURSEMENT UNDER THIS PROGRAM**

NAME / LICENSE #

<b>EXAMINATION (Program reimburses ONLY for PASSING EXAM )/ RE-CERTIFICATION FEES</b>				AMOUNT
DATE	EXAM	FACILITY	LOCATION	

<b>POST CERTIFICATION (as applicable)</b>	AMOUNT
Wall Certificate Fee	
Certificate Application Fee	
Duplicate License ID Card	
Endorsement Application for Certificate Fee	
Renewal Biennial Fee (expires 6/30 of odd #'d years)	

<b>OTHER FEES (subject to approval / backing documents must be provided)</b>													AMOUNT
DATE	DESCRIPTION												

**TOTAL FEES INCURRED:**

" I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described course/exam/post certification expenses as stated above in accordance with the GA EPD Operator Certification Reimbursement Program."

Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNTING USE ONLY**

VENDOR ID: \_\_\_\_\_ ORGANIZATION NO: 4620760104 PYMT METHOD: Check VOUCHER \_\_\_\_\_ ACCOUNT \_\_\_\_\_