

GA Operator Certification Reimbursement Program

Request for Reimbursement form
Georgia Environmental Protection Division
Water Resources Branch
Drinking Water Program

Operator Name / SS #: _____

Vendor ID # _____
(submit **instead of SS#** if you have previously rec'd Op Crt reimbursement from GA EPD)

License # _____

Name of Operator's Facility: _____

WSID # _____
(be sure to include the WSID before submitting for reimbursement)

Operator Address (*to receive reimbursement check*): _____

Operator Telephone #: _____ Operator Fax #: _____

Operator e-mail: _____

Submittal Checklist:

- _____ Course Verification form signed by Trainer
- _____ System Director Reference letter – unsalaried operators
- _____ Employment Verification letter – salaried operators
- _____ Per Diem/Mileage Report (stipulations may apply)
- _____ Course/Exam/Expense Report (**Training/Conferences/Cont. Ed. subject to CAP**)
- _____ Copy of current license
- _____ All applicable receipts to support expense claims

" 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 the items being submitted for reimbursement are in accordance with the GA EPD Operator Certification Reimbursement Program."

Operator Signature: _____

Submit form with any backing documents to:
Rebecca Mason, Grants Assistant
GA EPD Operator Certification Reimbursement Program
2 Martin Luther King, Jr. Drive SE, Suite 1362-E
Atlanta, Georgia 30334-9000
Phone: 404-657-7665
Fax: 404-651-9590
rebecca_mason@dnr.state.ga.us