

**NOTIFICATION OF CLASS A, B & C OPERATORS**



*Attach copy of Operator Certificate(s) and mail completed form to:*  
**GAEPD UST Program**  
**4244 International Parkway**  
**Suite 104**  
**Atlanta, Georgia 30354**

**Class A Certified Operator Information**

Facility ID(s)/Counties:	Facility ID(s)/Counties:
First/Last Name:	First/Last Name:
Business Name:	Business Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
Training Provider:	Training Provider:
Certificate Number:	Certificate Number:
Certificate Date:	Certificate Date:

**Class B Certified Operator Information (if same as above, check this box  )**

Facility ID(s)/Counties:	Facility ID(s)/Counties:
First/Last Name:	First/Last Name:
Business Name:	Business Name:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
Training Provider:	Training Provider:
Certificate Number:	Certificate Number:
Certificate Date:	Certificate Date:

**Class C Certified Operator Information (if same as above, check this box  ). Note, the Operator C must be present at the facility at all times and the Operator C may be trained by the Operator A or B.**

First/Last Name:	First/Last Name:
Date of Training:	Date of Training:
Training Provider:	Training Provider:
Facility ID(s)/Counties:	Facility ID(s)/Counties:

Note: Please use the back of this page to add any additional Operator A, B, or C personnel.

**Internal Use:**  
 File (RC)

Data Entry: \_\_\_\_\_