

IOWA UST CLASS C OPERATOR

Certificate of Completion

This is to certify that _____ completed the **IA UST Class C Operator Instructional Program** that satisfies the state training requirements of IAC 567- 135.4(6), Iowa Administrative Code. The signatures on this document certify that this individual has been trained as a Class C Operator at the following location: _____

Class C Operator Signature

Class A or B Operator Name (Print)

Completion Date of Training

Class A or B Operator Signature