

**Commonwealth of Massachusetts
Department of Environmental Protection**

Title 5 Soil Evaluator and System Inspector
REQUEST FOR TRAINING CONTACT HOURS (TCH) EVALUATION

Instructions:

- Type or print clearly in ink only.
- Include the following attachments:
 1. Example of completion form or documentation for course.
 2. Course outline.
 3. List of instructional materials used in course.
 4. Name, address, and background of course instructor.
- Mail application and attachments to:

Thomas Groves
NEIWPCC
116 John St.
Lowell, MA 01852

Please complete all applicable sections on this form and attach all required materials.
The Board will not consider incomplete requests.

Name or Association

Address

Daytime Phone Number

Street

Town/City

State

Zip

Name of Person Requesting TCHs

Course or Conference Date(s)

Course or Conference Title

Course or Conference Location

How does this training relate to Title 5 SE or SI?

Lecture Time (hours)

Hands on Lab Time (hours)

Field Trip Length (hours)

Other (explain)

How is attendance monitored or verified?

How is a completed program certified? (Pass/Fail, Certificate, Other)

Certificate

For Official Use Only

Date Received

Approval
Yes/No

Status and Comments

SE/SI/Bot

Certification Number