NHDES-S-04-027



Underground Storage Tank (UST) Facilities A/B Operator Statement of Training Record



OIL REMEDIATION AND COMPLIANCE BUREAU

PO BOX 95 CONCORD NH 03302-0095

Phone # (603) 271-3899 Fax # (603) 271-2181

New Hampshire RSA 146-C:17 - 21 Oll Remodiation & Compliance Bureau Facility ID # (711 2678 Facility Name: Fitzlalliam (1 Facility Location: 179 Facility Town/City: Fitz william NH

Name of Approved Training Program:

- 1. Keep a completed copy of this form for owner/operator records.
- 2. The owner/operator must submit a copy of this to NHDES.

Class A Operator	
Name Michael Rossi	
Training Date 6-26-19	
Expiration Date 6-26-21	
Class A operator Signature Date 7-1-1	9

Class B Operator	
Name Michael Rossi	
Training Date 6-26-19	
Expiration Date 6-26-21	
Class B operator Signature	Date 7-1-19

Owner	
Name Michael Rossi	
Owner Address 305 Leuminster Shirle	ey Rd
Owner City and State Lunenbury Mu	
Owner Signature and I R	Date 7-1-19

UNDER PENALTY OF LAW, by signing this document you certify that the information submitted is accurate and true to the best of your knowledge and belief.