

### MCM #6 Contractor Training Record

Municipality: \_\_\_\_\_

Record C-

Permit #: \_\_\_\_\_

Contractor Name & Address: \_\_\_\_\_

Contractor Responsible Person: \_\_\_\_\_

Training Event Title/Description: \_\_\_\_\_

\_\_\_\_\_

Training Event Date: \_\_\_\_\_

Planned Event

Training Event Location: \_\_\_\_\_

**General Topic(s) Reviewed:**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> General Stormwater Awareness  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Good Housekeeping BMPs        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Illicit Discharge & Detection | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> Other: _____ |

**Specific Topic(s) Reviewed (if applicable):**

Information attached

**Attendance Log:**

Attendance Log attached

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Authorized Municipal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Municipal Representative