



**Confirmation of Experience - EOCP Training Registry**

**Attention: EOCP Training Registry**

I understand [ qwt 'Pco g has applied to the Environmental Operators Certification Program (EOCP) to become a Recognized Instructor in specific Subject Matter Areas (EOCP Applicant % [ qwt 'Pwo dgt). I have personal knowledge of the applicant's approximate number of years of hands-on experience working in or teaching the following areas:

- ▶ [ qwt 'Uwllgev'Ct gc '3
- ▶ [ qwt 'Uwllgev'Ct gc '4
- ▶ [ qwt 'Uwllgev'Ct gc '5

Direct Experience

- \_\_\_\_\_ years
- \_\_\_\_\_ years
- \_\_\_\_\_ years

**Signatory's Details**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you have any questions please contact me at the email address or telephone number above.

Yours truly,

\_\_\_\_\_  
 Signature

**Notes to Signatory:**

1. If you have any questions in this regard, please contact the EOCP - [www.support.eocp.ca/](http://www.support.eocp.ca/).
2. Send completed Confirmations of Experience to the EOCP by either Upload at [www.trainingregistry.eocp.ca](http://www.trainingregistry.eocp.ca) or by facsimile to (604) 874-4794.