

Minnesota Department of Health Application for Water Operator Training Approval



Disapproved
Approved
Date Received
Direct Hours
Related Hours

All information on this sheet must be complete and accurate.

	lame (Please print): _	Mike		Melvin
		(First)	(Middle)	(Last)
2. (Company/Employer:	_At Your Pace Online, LLC	C. (AYPO)	
3. 1	Mailing Address:			
		Street	Post Office Box	
		Grants Pass	OR	97527
		City	State	Zip Code
		_mike@atyourpaceonline.		
		E-mail	Phone Number	
			osion Control, Advanced Oxida	tion and C v Disinicction
5. I	Membrane Processes Date(s):Ongoin		Location(s):_Online -	
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St. Paul, Minnesota 55164-0975

Attn: Mark Sloan P. O. Box 64975