

Colorado Department of Labor and Employment Division of Oil and Public Safety – Remediation Section 633 17th Street, Suite 500 Denver, CO 80202-3610 Phone: 303-318-8525 Fax: 303-318-8546

Email: cdle_remediation@state.co.us

Web: www.colorado.gov/ops

REP Recertification Form

(Effective 1/1/2018)

Complete this form and send it to us at cdle_remediation@state.co.us to report the continuing education courses you have completed in order to retain your REP Status.

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		Contac	t Infor	mation			
Name:							
REP Number:			REP Approval Date:				
Company Name:							
Work Address:	Street:						
	City:		State:		ZIP:		
Email Address:							
Phone Number:							
Continuing Education Information							
Course Date		Course Name Course		Course Provider	_	# of Professional Development Hours	
						_	
Total # of Professional Development Hours:							
	<u> </u>		rtificat				
I certify that the information in this form is true to the best of my knowledge and that I will be able to provide proof that I completed each of the courses listed above upon request.							
Signature:					Date:		